

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G465	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 6025 BUCKSKIN CT INDIANAPOLIS, IN46250
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/09/12</p> <p>Facility Number: 000979 Provider Number: 15G465 AIM Number: 100244860</p> <p>Surveyor: Dennis Austill, Life Safety Code Survey Supervisor,</p> <p>At this Life Safety Code survey, Community Alternatives - Adept was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p>	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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KS014	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/10/12.</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p> <p>Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 1 living rooms was rated Class A or Class B for a Slow rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations made between 10:00 a.m. and 12:00 p.m. on 01/09/12 with the Maintenance Supervisor, there was wood paneling in the living room. Based on interview with the Maintenance Supervisor at the time of observation,</p>	KS014	<p>CORRECTION: <i>Interior wall and ceiling finish is Class A or Class B. Specifically, the facility's living room wood paneling has been treated to assure its flame spread rating is Class A or Class B.</i></p> <p>PREVENTION: The Maintenance Coordinator will assure the facility has documentation that wall and ceiling finishes are Class A or Class B. Additionally the Operations Team will incorporate checking for documentation of flame spread ratings into its internal quality assurance audits</p> <p>Responsible Parties: Maintenance Team, Operations Team</p>	02/08/2012	

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	there was no documentation available to show the flame spread ratings for the wood paneling was classified as Class A or B.				

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KS017	<p>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room doors are substantial doors, such as those of 1¾ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety,</p>				

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	<p>sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p> <p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to provide smoke resistant doors to 1 of 4 sleeping rooms. LSC 8.2.4.3.4 requires smoke barrier door clearances be in accordance with NFPA 80, 1999 Edition, Standard for Fire Doors and Windows. NFPA 80, Section 2-3.1.7 requires the distance between the edge of the door and the frame not exceed 1/8 inch for wood doors. This deficient practice affects two of eight clients in the facility.</p> <p>Findings include:</p> <p>Based on observations made between 10:00 a.m. and 12:00 p.m. on 01/09/12 with the Maintenance Supervisor, bedroom # 4 (Southeast) had a one half inch gap along the latch side, and top of the door. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the one half inch gap around the door.</p>	KS017	<p>CORRECTION: <i>The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour. Sleeping room doors are substantial doors such as those 1 ¾ inch thick, solid bonded wood core construction or other construction of equal or greater stability and fire integrity.</i> Specifically, the facility has installed smoke resistant doors on all sleeping rooms.</p> <p>PREVENTION: The maintenance team will be retrained regarding Life Safety Code requirements for sleeping room doors. Additionally, the Operations Team will incorporate checking for fire and smoke resistant sleeping room doors into its internal quality assurance audits Responsible Parties: Maintenance Team, Operations Team</p>	02/08/2012	

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KS123	<p>Every bathroom door is designed to allow opening from the outside during an emergency when locked. 32.2.2.5.4, 33.2.2.5.4</p> <p>Based on observation and interview, the facility failed to ensure there was a "key" readily available to unlock 2 of 2 bathroom doors from the outside to protect 8 of 8 clients in case they locked themselves in the bathroom and needed assistance. This deficient practice could affect all the clients.</p> <p>Findings include:</p> <p>Based on observations made between 10:00 a.m. and 12:00 p.m. on 01/09/12 with the Maintenance Supervisor, it was noted both bathroom doors had a functioning lock, and no "key" was observed in the vicinity of the door. This problem was acknowledged by the Maintenance Supervisor at the time of observation.</p>	KS123	<p>CORRECTION: <i>Every bathroom door is designed to open from the outside during an emergency when locked.</i> Specifically, the facility has removed the locking mechanisms from all bathroom doors. PREVENTION: The maintenance team will be retrained regarding Life Safety Code requirements for bathroom doors. Additionally, the Operations Team will incorporate checking to assure bathroom doors can open from the outside when locked, into its internal quality assurance audits. Responsible Parties: Maintenance Team, Operations Team</p>	02/08/2012	