

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G182	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/18/2023
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP COD 2326 BERWICK DR SHELBYVILLE, IN 46176
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the (PSR) conducted on 05/04/23 to the Post Survey Revisit (PSR) conducted on 04/03/23 to the Life Safety Code Recertification Survey conducted on 02/14/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 07/18/23</p> <p>Facility Number: 000715 Provider Number: 15G182 AIM Number: 100234640</p> <p>At this PSR Life Safety Code survey, Developmental Service Alternatives was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This two-story building with a basement was determined to be nonsprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors, in all living areas and in consumer sleeping rooms. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.4.</p>	K 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jenna Metcalfe	Director of Quality Assurance	07/31/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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K S363  Bldg. 01	<p>Quality Review completed on 07/19/23</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> <li>Doors shall be provided with latches or other mechanisms suitable for keeping the door closed.</li> <li>No doors shall be arranged to prevent the occupant from closing the door.</li> <li>Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7</li> </ol> <p>Based on observation and interview, the facility failed to ensure 1 of 3 clients sleeping rooms were provided with a door which would self-close and latch securely in the door frame in accordance with LSC 7.2.1.8. LSC 7.2.1.8.1 states a door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with LSC 7.2.1.8.2 which states in any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, door leaves shall be permitted to be automatic-closing, provided that all of the following criteria are met:</p> <ol style="list-style-type: none"> <li>Upon release of the hold-open mechanism, the leaf becomes self-closing.</li> <li>The release device is designed so that the leaf instantly releases manually and, upon release, becomes self-closing, or the leaf can be readily</li> </ol>	K S363	<p>Area Director will contact company to repair the door closure of room #3. This contact will be completed no later than 8/5/23.</p> <p>Program director will complete a monthly environmental check list to identify any repairs needed.</p>	08/21/2023

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	<p>closed.</p> <p>(3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door leaf release service in NFPA 72, National Fire Alarm and Signaling Code.</p> <p>(4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the door leaf becomes self-closing.</p> <p>This deficient practice could affect 2 clients.</p> <p>Findings include:</p> <p>Based on observations and interview on 07/18/23 during a tour of the facility between 12:20 p.m. and 12:50 p.m. with the Area Director, sleeping room door #3, equipped with a self-closing device, would not self-close and latch into the door frame. The Area Director stated that the vendor came and declared the door was fixed. The self-closer on the door was disconnected at the time of this survey. The Area Director reattached the self-closer to the door and when tested the door stops closing with about 6 inches of travel remaining. The Area Director stated the closer is broken and needs to be replaced.</p> <p>This deficiency was discussed with the Area Director at the time of discovery and again with the Area Director during the exit conference.</p> <p>This deficiency was cited on 02/14/23, 04/03/23 and 05/04/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			