

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G409	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 11/30/2021
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP CODE 912 N PARKWAY DR ANDERSON, IN 46013
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Dates: 11/30/21</p> <p>Facility Number: 000923 Provider Number: 15G409 AIM Number: 100244490</p> <p>At this Emergency Preparedness survey, Developmental Service Alternatives Inc was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 8 certified beds. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 12/02/21</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Dates: 11/30/21</p> <p>Facility Number: 000923 Provider Number: 15G409 AIM Number: 100244490</p> <p>At this Life Safety Code survey, Developmental Service Alternatives Inc was found not in</p>	K 0000		

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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K S222 Bldg. 01	<p>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 one-story facility was sprinkled. The facility has a fire alarm system with smoke detection in the corridors common living areas, and no smoke detectors in client sleeping rooms. No attic heat detection was observed in reports. The facility has a capacity of 8 and had a census of 4 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 Slow with an E-Score of 2.88.</p> <p>Quality Review completed on 12/02/21</p> <p>NFPA 101 Egress Doors Egress Doors 2012 EXISTING (Prompt) Doors and paths of travel to a means of escape shall not be less than 28 inches. Bathroom doors shall not be less than 24 inches. Doors are swinging or sliding. Every closet door latch shall be readily opened from the inside in case of an emergency. Every bathroom door shall be designed to allow opening from the outside during an emergency when locked. No door in any means of escape shall be locked against egress when the building is occupied. Delayed egress locks complying with 7.2.1.6.1 shall be permitted on exterior doors</p>			

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K S354 Bldg. 01	<p>only. Access-controlled egress locks complying with 7.2.1.6.2 shall be permitted. Forces to open doors shall comply with 7.2.1.4.5.</p> <p>Door-latching devices shall comply with 7.2.1.5.10. Corridor doors are provided with positive latching hardware, and roller latches are prohibited.</p> <p>Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.2.2.5.1 through 33.2.2.5.7, 33.7.7, 42 CFR 483.470(j)(1)(ii)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Utility room doors was arranged such that staff can rescue clients or staff in an emergency if the Utility room door was locked from the inside. This deficient practice could affect any occupant in the facility.</p> <p>Findings include:</p> <p>Based on observation and interview on 11/30/21 between 1:05 p.m. and 1:30 p.m. with the QIDP the Utility room adjacent to the kitchen had a doorknob with a lock and staff were unable to locate a key to unlock the door. Based on interview at the time of observation it was acknowledged by staff no keys were available to unlock the Utility room door. This finding was acknowledged by the QIDP at the time of discovery and again at the exit conference at 1:35 p.m.</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system</p>	K S222	The doorknob with the lock on it has been removed and replaced with a non-locking doorknob. The QIDP, or designee, will complete routine walk throughs of the home, not less than weekly, to assure that no locking door exists without the necessary approvals or safeguards in place wot that staff can rescue staff or clients in an emergency.	12/30/2021			

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	<p>is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.</p> <p>33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to provide 1 of 1 correct written policies in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.6 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. A.15.5.2 (4) (b) states a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with the QIDP on 11/30/21 between 12:10 p.m. and 1:05 p.m., the facility provided fire watch plan documentation but the plan did not state that the person(s) conducting the fire watch will have no</p>	K S354	The EPP fire watch plan/policy will be updated to include that during the time of activated fire watch, one staff member on duty will have no other duties than completing the fire watch. The QIDP will be responsible for updating the policy and will assure that the policy is stored in the emergency evacuation binder of the home. The QIDP will verify on a monthly basis that the applicable paperwork remains present in the emergency evacuation binder.	12/30/2021

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K S358 Bldg. 01	<p>other duties while conducting the fire watch. Based on interview at the time of record review, the QIDP agreed the fire watch did not indicate that the person(s) conducting the fire watch will have no other duties while conducting the fire watch. The QIDP stated she was previously unaware of this requirement.</p> <p>This finding was acknowledged by the QIDP at the time of discovery and again at the exit conference at 1:35 p.m.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING (Slow)</p> <p>In Slow Evacuation Capability facilities where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 9.6, as modified below. The adequacy of the water supply shall be documented.</p> <p>In Slow Evacuation Capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, shall be permitted. Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.</p> <p>In Slow Evacuation Capability facilities, where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not</p>			

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	<p>exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier.</p> <p>In Slow Evacuation Capability facilities, in buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be permitted.</p> <p>Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6.</p> <p>Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6. 2. Protected by automatic sprinkler system according to 9.7. 3. Constructed of noncombustible or limited-combustible construction; or 4. Constructed of fire-retardant-treated wood according to NFPA 703. <p>33.2.3.5.3, 33.2.3.5.3.2 through 33.2.3.5.3.4, 33.2.3.5.3.6</p> <p>Based on records review and interview the facility failed to ensure 1 of 1 attics not used for storage, for living purposes, or containing fuel-fired equipment had installed sprinklers or heat detection connected to the fire alarm system. LSC 33.2.3.5.7.1 states where an automatic sprinkler system is installed, attics used for living purposes, storage, or fuel-fired</p>	K S358	The QIDP will coordinate with Koorsen to determine if the required heat detection is present and secure the applicable documentation if so. If not, the QIDP will schedule for installation of the required heat detection. Additionally, the QIDP will assure	12/30/2021

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	<p>equipment shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1. LSC 33.2.3.5.7.2 states where an automatic sprinkler system is installed, attics not used for living purposes, storage, or fuel-fired equipment shall meet one of the following criteria:</p> <p>(1) Attics shall be protected throughout by a heat detection system arranged to activate the building fire alarm system in accordance with Section 9.6.</p> <p>(2) Attics shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1.</p> <p>(3) Attics shall be of noncombustible or limited-combustible construction.</p> <p>(4) Attics shall be constructed of fire-retardant-treated wood in accordance with NFPA 703, Standard for Fire Retardant- Treated Wood and Fire-Retardant Coatings for Building Materials. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on records review and interview with the QIDP on 11/30/21 between 12:10 p.m. and 1:05 p.m., the annual fire and sprinkler system inspection dated 01/27/21 indicated the attic is not protected with sprinklers nor heat detection. Also, no documentation was available to show heat detection was installed in the attic. Based on interview at the time of records review, the QIDP stated the attic is not used for storage, for living purposes, or contained fuel-fired equipment and to her knowledge was not equipped with heat detection. No access was available to the attic during this surveyors' time in the facility.</p>		that a ladder is secured and stored in the home to facilitate access to the attic.	

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K S712 Bldg. 01	<p>This finding was acknowledged by the QIDP at the time of discovery and again at the exit conference at 1:35 p.m.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>2. The facility must:</p> <p>a. Actually evacuate clients during at least one drill each year on each shift;</p> <p>b. Make special provisions for the evacuation of clients with physical disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct 8 of 12 quarterly shift fire drills in accordance with 42 CFR 483.470(i), which states the following:</p>	K S712	The QIDP, or designee, will ensure that the drills are completed each moth in accordance with the schedule of	12/30/2021

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	<p>(1) The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.</p> <p>Or, per 2019 Novel Coronavirus Disease (COVID-19) 1135 Waiver allowances, a documented orientation training program related to the current fire plan, which considers current facility conditions. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on records review and interview with the QIDP on 11/30/21 between 12:10 p.m. and 1:05 p.m., the facility could not provide fire drills or allowed training documentation for 8 of 12 required fire drills including all three shifts in the first quarter; third shift in the second quarter; second and third shifts in the third quarter; and first and third shifts in the third quarter, all in 2021. Based on interview at the time of record review, the QIDP agreed the drills or training for the periods previously mentioned were not conducted.</p> <p>This finding was acknowledged by the QIDP at the time of discovery and again at the exit conference at 1:35 p.m.</p>		<p>drills. The schedule of drills form will be filled out once a drill is completed and the drill will be turned into the office for tracking purposes and returned if needed to the HM to place in the drill book. The fire drill documentation will be reviewed on a weekly basis by the QIDP to monitor for compliance. If the drills are found not to be completed as scheduled the QIDP, or designee, will run the drill with the staff and consumers at the appropriate time frame.</p>	