STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G807	A. BUILDING -- B. WING	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES ADEPT	213 W WATER ST CENTERVILLE, IN 47330

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 12/11/24 Facility Number: 012632 Provider Number: 15G807 AIM Number: 201065000 At this Emergency Preparedness survey, Community Alternatives Adept was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475. The facility has 4 certified beds. At the time of the survey the census was 4. Quality Review completed on 12/13/24 The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:	E 0000		
E 0039 Bldg. --	403.748(d)(2), 416.54(d)(2), 418.113(d)(EP Testing Requirements Based on record review and interview, the facility failed to conduct at least two exercises to test the emergency plan on an annual basis using the emergency procedures. The ICF/IID facility must do all of the following: (i) participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the ICF/IID facility experiences an actual natural or man-made	E 0039	**CORRECTION:** *The [facility] must conduct exercises to test the emergency plan at least annually.* Specifically, the agency has assigned a risk management specialist from the Quality Assurance Department (the QIDP Manager) to conduct an exercise of choice table talk	01/10/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bob Morris	QIDP Manager	12/20/2024

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	emergency that requires activation of the emergency plan, the ICF/IIC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event; (ii) conduct an additional exercise that may include, but is not limited to the following: (A) a second full-scale exercise that is community-based or individual, facility-based. (B) a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan; (iii) analyze the ICF/IID facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID facility's emergency plan, as needed in accordance with 42 CFR 483.475(d)(2). This deficient practice could affect all occupants. Findings include: Based on review of "Emergency/Disaster Preparedness Manual" documentation dated 05/01/24 and "Emergency, Disaster, Evacuation Plans and Responses" documentation dated 07/01/24 with the Area Supervisor and the Maintenance Tech during record review from 11:00 a.m. to 12:15 p.m. on 12/11/24, documentation of an actual occurrence of a tornado warning on 03/15/24 was available for review but a second exercise within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Area Supervisor and the Maintenance Tech agreed that the facility has not conducted a second emergency preparedness disaster drill, tabletop exercise or other exercises within the most recent twelve month period to test		conference, with the provider's Safety Committee. Participants will include ResCare Department Heads, the QIDP and other administrative level management, (Program Manager, Quality Assurance Manager, Quality Assurance Coordinator, and Nurse Manager) will participate in the exercises to assure facility emergency preparedness protocols are consistent with community emergency management practices. This table talk exercise will be facility and community specific. The Safety Committee chairperson will assure biannual completion of these exercises. **PREVENTION:** Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Assistant Nurse manager and Nurse Manager) will incorporate reviews of the facility's emergency preparedness program into scheduled monthly audits to assure all required components, including but not limited to bi-annual community-based disaster exercises, are present. Additionally, the agency Safety Committee will review and revise the plan as needed but no less than annually.	

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	emergency preparedness policies and procedures and agreed additional testing documentation was not available for review at the time of the survey. These findings were reviewed with the Area Supervisor and the Maintenance Tech during the exit conference.		**RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Direct Support Lead, Direct Support Staff, Operations Team, Regional Director **CORRECTIONS COMPLETED BY:** 01/10/25	
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 12/11/24 Facility Number: 012632 Provider Number: 15G807 AIM Number: 201065000 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 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one-story facility was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard-wired smoke detectors in all client sleeping rooms. The attic was not used for living purposes, storage or fuel-fired equipment and was provided with a heat detection system to activate the fire alarm system. The facility has a capacity of 4 and had a census of 4 at the time of this survey.	K 0000		

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	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 0.1. Quality Review completed on 12/13/24			
K S345 Bldg. 01	NFPA 101 Fire Alarm System - Testing and Maintenance Based on record review, observation and interview, the facility failed to ensure all fire alarm system initiating devices were tested in accordance with the schedules for testing frequency in NFPA 72. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6, unless the provisions of 33.2.3.4.1.1 or 33.2.3.4.1.2 are met. LSC Section 9.6.1.3 states that a fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electric Code and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition, Section 14.4.5 states testing shall be performed in accordance with the schedules in Table 14.4.5. Table 14.4.5 at 15(e) states the requirements of 14.4.5.5 shall apply to heat detectors. Section 14.4.5.5 states restorable fixed-temperature, spot-type heat detectors shall be tested in accordance with 14.4.5.5.1 through 14.4.5.5.4. Two or more detectors shall be tested on each initiating circuit annually. Different detectors shall be tested each year. Records shall be kept by the building owner specifying which detectors have been tested. Within 5 years, each detector shall have been tested. This deficient practice could affect all clients, staff and visitors.	K S345	**CORRECTION:** *A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.* Specifically, the Environmental Services Specialist has contacted the contracted alarm system servicing company and arranged for an inspection of the heat sensor located in the facility attic. **PREVENTION:** The Environmental Services Specialist will review the alarm system schematic with alarm company contractors prior to scheduled inspections to assure all required components of the system are tested as required. Members of the Operations (comprised of the Executive Director, Operations Managers, Program Managers, Area	01/10/2025

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	Findings include: Based on review of the fire alarm system inspection contractor's "Alarm System Inspection" documentation dated 04/16/24, 07/03/24 and 10/10/24 with the Area Supervisor and the Maintenance Tech during record review from 11:00 a.m. to 12:15 p.m. on 12/11/24, heat detectors in the attic were not listed as inspected or tested within the most recent twelve month period. Based on interview at the time of record review, the Maintenance Tech stated the attic has heat detectors hard wired to the fire alarm system, additional fire alarm system inspection and testing documentation within the most recent twelve month period was not available for review and agreed the 04/16/24, 07/03/24 and 10/10/24 inspection and testing documentation did not include heat detectors installed in the attic. Based on observations with the Maintenance Tech during a tour of the facility from 12:15 p.m. to 12:35 p.m. on 12/11/24, one heat detector was installed in the attic above the attic access door in the garage. These findings were reviewed with the Area Supervisor and the Maintenance Tech during the exit conference.		Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Assistant Nurse manager and Nurse Manager) will review alarm system inspection records to assure all required components of the system are tested as required, as part of a routine audit process that will occur no less than monthly. **RESPONSIBLE PARTIES:** Environmental Services Specialist, Area Supervisor, Operations Team	
K S712 Bldg. 01	NFPA 101 Fire Drills Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the second shift for 1 of 4 quarters. This deficient practice affects all clients, staff and visitors. Findings include:	K S712	**CORRECTION:** *The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions.* Specifically, the facility will conduct additional evacuation drills on the each shift during the current quarter.	01/10/2025

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	Based on review of Task Master Pro "Emergency Drill Report" computer documentation and "Emergency Evacuation Drill: Fire" documentation for the most recent twelve month period with the Area Supervisor and the Maintenance Tech during record review from 11:00 a.m. to 12:15 p.m. on 12/11/24, documentation of a fire drill conducted on the second shift in the third quarter (July, August, September) 2024 was not available for review. Based on interview at the time of record review, the Area Supervisor stated the facility operates two shifts per day, additional second shift fire drill documentation was not available for review and agreed documentation of a fire drill conducted on the second shift in the third quarter 2024 was not available for review. These findings were reviewed with the Area Supervisor and the Maintenance Tech during the exit conference.		**PREVENTION:** Professional staff will be retrained regarding the need to conduct evacuation drills at varied times on each shift for all staff each quarter. Training will also focus on proper completion of evacuation drill forms and assessment of individual drill compliance. The Operations (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Assistant Nurse Manager and Nurse Manager) will review and track all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled and follow up with the agency Safety Committee accordingly. **Responsible Parties:** Environmental Services Team, Area Supervisor, Direct Support Staff, QIDP, Operations Team	