

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

PRINTED: 12/28/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G596	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED  12/14/2021
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP COD 1426 S ALVORD LN EVANSVILLE, IN 47714
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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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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 Date: 12/14/21</p> <p>Facility Number: 001110 Provider Number: 15G596 AIM Number: 100240090</p> <p>At this Emergency Preparedness survey, Rehabilitation Center Developmental Services 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 8.</p> <p>Quality Review completed on 12/16/21</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 Date: 12/14/21</p> <p>Facility Number: 001110 Provider Number: 15G596 AIM Number: 100240090</p> <p>At this Life Safety Code survey, Rehabilitation Center Developmental Services 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 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 S100 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 fully sprinklered. The facility has a monitored fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility did not have heat detection in the attic, but the attic is provided with sprinkler coverage. The facility has a capacity of eight and had a census of eight 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 1.28.</p> <p>Quality Review completed on 12/16/21</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 bathroom exhaust vent fans was free of lint/dirt. NFPA 101 at 33.1.1.3 refers to Chapter 4, LSC 4.5.8 at Maintenance, states whenever or wherever an device, equipment, system, condition, arrangement, level of</p>	K S100	K S100 The small bathroom vent at Alvord have been thoroughly cleaned by our maintenance department and are now free from dust and debris. In order to prevent future	12/27/2021

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K S353  Bldg. 01	<p>protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/14/21 between 11:00 a.m. and 1:00 p.m. during a tour of the facility with the Group Home Manager, the exhaust vent fan in the small bathroom was substantially filled with lint/dirt, which could cause a fire if not cleaned on a regular basis. Based on interview at the time of observation, the Group Home Manager agreed there was a substantial amount of lint/dirt built up in the small bathroom exhaust vent fan.</p> <p>This finding was reviewed with the Group Home Manager during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance</p>		<p>occurrence, the House Repair Checklist, which is completed by all eight group homes every month, has been revised to include checking the bathroom vents to ensure they are clean and free from dust and debris. If they are noted to be of concern, the checklist directs management to reach out to our maintenance department in order for them to be cleaned immediately. All group home management have been re-trained on the form and the necessity to ensure the bathroom vents are kept clean. The checklist and retraining of management will prevent future issues.</p>	

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	<p>with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</li> <li>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</li> <li>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</li> <li>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</li> <li>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</li> <li>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</li> <li>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</li> <li>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</li> <li>15. Dry pipe systems extending into</li> </ol>			

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	<p>unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on observation and interview, the facility failed to ensure 4 of over 25 sprinkler heads in the facility were free of corrosion. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 5.2.1.1.1 requires sprinklers to be free of paint and corrosion. 5.2.1.1.2 requires any sprinkler that shows signs of paint or corrosion shall be replaced. This deficient practice could all clients and staff.</p> <p>Findings include:</p> <p>Based on observations on 12/14/21 between 11:00 a.m. and 1:00 p.m. during a tour of the facility with the Group Home Manager, there were four sprinkler heads in the home covered with corrosion; one in the small bathroom and three in the hallway outside the two bathrooms. Based on interview at the time of observations, the Group Home Manager agreed all four sprinkler heads in question were covered with corrosion.</p> <p>This finding was reviewed with the Group Home</p>	K S353	<p>K S353</p> <p>Maintenance has been informed of the four sprinkler heads that need replaced. They were ordered and will be replaced at Alvord group home. The Human Rights Committee form, that is completed quarterly, includes a check of the sprinkler heads to ensure they are free of paint, rust, corrosion, etc. Additionally, maintenance also monitors the sprinkler heads as well. To ensure management awareness, the House Repair checklist, which is completed by group home management in all eight homes every month, will also be updated to include checking the sprinkler heads as well to ensure they are free of dust, debris, and corrosion. The checks and balances in place will continue to ensure the sprinkler</p>	12/27/2021

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	<p>Manager during the exit conference.</p> <p>2. Based on observation and interview, the facility failed to keep the minimum amount and type of spare sprinklers on the premises in the spare sprinkler cabinet. LSC 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. The sprinklers shall be kept in a cabinet. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not be exposed to a temperature exceeding 100°F (38°C). NFPA 25, Section 5.4.1.8 states sprinklers shall not be altered in any respect after shipment from the place of manufacture. This deficient practice could affect all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/14/21 between 11:00 a.m. and 1:00 p.m. during a tour of the facility with the Group Home Manager, a total of four spare sprinklers were noted on the premises in the spare sprinkler cabinet at the sprinkler system riser. Furthermore, there was only one upright sprinkler head in the spare cabinet. Upright sprinkler heads are used in the attic. Based on interview at the time of the observation, the Group Home Manager</p>		<p>heads are replaced when they need to be going forward in all eight Easterseals Group Homes.</p> <p>Alvord group home only had four spare sprinklers on the premises in the spare sprinkler head cabinet. Maintenance has ordered the additional sprinklers to have 6 unaltered spare sprinkler heads in the spare cabinet. Maintenance will ensure all 8 group homes have a minimum of 6 spare unaltered sprinkler heads stored on the group home premise. Maintenance will monitor and ensure that all group homes stay in compliance.</p> <p>Alvord group home failed to have the appropriate signage which directs the fire department to the Fire Department Connection (FDC). This has been discussed with maintenance and the signage will be purchased and installed upon arrival. Maintenance will go to all eight group homes to ensure that they have the appropriate signage. If not, the signage will be purchased and installed to ensure all homes have the signage directing the fire department to the FDC.</p>		

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	<p>agreed a supply of at least six unaltered spare sprinklers were not stored in a cabinet on the premises for replacement purposes and only one upright type sprinkler head available.</p> <p>This finding was reviewed with the Group Home Manager during the exit conference.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 fire department connection was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:</p> <ol style="list-style-type: none"> <li>(1) The fire department connections are visible and accessible.</li> <li>(2) Couplings or swivels are not damaged and rotate smoothly.</li> <li>(3) Plugs or caps are in place and undamaged.</li> <li>(4) Gaskets are in place and in good condition.</li> <li>(5) Identification signs are in place.</li> <li>(6) The check valve is not leaking.</li> <li>(7) The automatic drain valve is in place and operating properly.</li> <li>(8) The fire department connection clapper(s) is in place and operating properly.</li> </ol> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation on 12/14/21 between 11:00 a.m. and 1:00 p.m. during a tour of the facility with the , the facility was equipped with a commercial type sprinkler system and had a fire department connection (FDC) located on the outside wall at the rear of the house outside the sprinkler riser room. There was no signage provided above the fire department connection or at the front of the</p>			

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K S511 Bldg. 01	<p>house for the responding fire department to lead them to the FDC for easy identification. Based on interview at the time of observation, the Group Home Manager agreed there should be FDC signs to help lead the fire department to the FDC encase of a fire.</p> <p>This finding was reviewed with the Group Home Manager during the exit conference.</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure an electrical outlet in 1 of 7 bedrooms was protected in according with 33.2.5.1. NFPA 70, 2011 Edition, Article 406.6, Receptacle Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. This deficient practice could affect one client.</p> <p>Findings include:</p> <p>Based on observation on 12/14/2021 at 11:47 a.m. during a tour of the facility with the Group Home Manager, one electrical receptacle in client bedroom #7 (SJ) next to the desk did not have a cover plate installed over the receptacle. The cover plate was sitting next to the receptacle. Based on interview at the time of observation, the Group Home Manager agreed that the cover plate was missing from the electrical receptacle near the</p>	K S511	<p>K S511</p> <p>Maintenance has replaced the electrical receptacle cover plate in client #7's bedroom. This electrical receptacle is properly covered now with a new receptacle cover plate. Preventatively, group home managers will be in-services to ensure that electrical receptacles are covered properly and if cover plates are missing or broken they need to contact maintenance to have those replaced in a timely manner. The managers will also look at all electrical receptacle cover plates monthly when completing the monthly household checklist to ensure that none of the cover plates are broken or</p>	12/27/2021	

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K S741 Bldg. 01	<p>desk in bedroom #7 (SJ).</p> <p>This finding was reviewed with the Group Home Manager during the exit conference.</p> <p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted by the administration of board and care occupancies. Where smoking is permitted, noncombustible safety type ashtrays or receptacles shall be provided in convenient locations. 32.7.4.1, 32.7.4.2, 33.7.4.1, 33.7.4.2 Based on observation and interview, the facility failed to ensure cigarette butts were properly disposed of at 1 of 1 area where cigarettes were smoked. This deficient practice could affect mostly staff since there are no client smokers at this facility.</p> <p>Findings include:</p> <p>Based on observation on 12/14/21 at 11:55 a.m. during a tour of the facility with the Group Home Manager, the smoking area at the side yard had a large metal bucket with discarded cigarette butts and dried leaves. Furthermore, there was a smoke tower at the smoking area, however, the top of the tower was broken off and not functioning as designed. Based on interview at the time of observation, the Group Home Manager agreed cigarette butts were not properly disposed of at the side yard smoking area. The Group Home Manager further said only staff smoke at the facility.</p> <p>This finding was reviewed with the Group Home Manager during the exit conference.</p>	K S741	<p>missing.</p> <p>K S741  A new smoke tower has been ordered to replace the defective one at Alvord Group Home. Staff have been retrained on ensuring their cigarette butts are placed in the receptacle only, not put in other types of containers or left on the ground. Additionally, management will complete monthly observations to ensure the receptacle is functional and that the cigarette butts are placed in it and not left out on the ground. All eight Easterseals group home managers were also in-serviced to check their cigarette receptacles to ensure they are functional and being utilized properly. If an issue is noted, proper preventative measures will be taken to ensure it is corrected to meet life safety code regulations.</p>	12/27/2021			

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