

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

PRINTED: 08/22/2024

FORM APPROVED

OMB NO. 0938-039

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 08/05/2024
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICE ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP COD 912 N PARKWAY DR ANDERSON, IN 46013
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(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 08/05/24</p> <p>Facility Number: 000923 Provider Number: 15G409 AIM Number: 100244490</p> <p>At this Emergency Preparedness survey, Developmental Service Alternatives., 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 7.</p> <p>Quality Review completed on 08/07/24</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: 08/05/24</p> <p>Facility Number: 000923 Provider Number: 15G409 AIM Number: 100244490</p> <p>At this Life Safety Code survey, Developmental Services Alternatives Inc. was found not in</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Shamepane Martin	Quality Manager	08/20/2024

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 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, in resident sleeping rooms, and heat detectors in the attic. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 2.80.</p> <p>Quality Review completed on 08/07/24</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 only. Access-controlled egress locks complying with 7.2.1.6.2 shall be permitted.</p>			

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K S363	<p>Forces to open doors shall comply with 7.2.1.4.5. Door-latching devices shall comply with 7.2.1.5.10. Corridor doors are provided with positive latching hardware, and roller latches are prohibited. 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) Based on observation and interview, the facility failed to ensure 1 of 4 exterior exit doors were readily accessible and able to open on first try. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manger on 08/05/24 at 1:48 p.m., the back southeast exit door took three tries to open the door due to the door was catching on the door frame. Based on interview at the time of observations, the Maintenance Manager agreed the door did not open on first try and stated the door needs adjusting.</p> <p>The finding was reviewed with the Maintenance Manager and the Qualified Intellectual Disabilities Professional during the exit conference.</p> <p>NFPA 101 Corridor - Doors</p>	K S222	<p>KS222 The back southeast door (really the northeast exit door) took three tries to open the door due to the door catching on the door frame.</p> <p>The maintenance department repaired the (Northeast) exit door so that it freely opens and does not catch on the door frame on 8-15-24.</p> <p>The Home Coordinator along with the Residential Service Director will complete monthly checks of the home to include ensuring that egress doors open and close smoothly.</p> <p>Persons Responsible Coordinator and Residential Service Director.</p> <p>Exhibit A</p>	08/15/2024

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Bldg. 01	<p><b>Corridor - Doors</b> 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 4 doors separating sleeping rooms were smoke resistant. This deficient practice could affect 2 clients.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager on 08/05/24 at 1:38 a.m., the southwest sleeping room door had a ¾ inch gap at the top of door making the door unable to resist smoke. Based on interview at the time of observation, the Maintenance Manager confirmed there was a large gap at the top of the door.</p> <p>The finding was reviewed with the Maintenance Manager and the Qualified Intellectual Disabilities Professional during the exit conference.</p>	K S363	<p>K0363</p> <p>The southwest sleeping room door had a ¾ inch gap at the top of the door making the door unable to resist smoke.</p> <p>The maintenance department repaired the southwest sleeping room door so there is no gap at the top of the door that would allow smoke into the room on 8-15-24.</p> <p>The Home Coordinator along with the Residential Service Director will complete monthly checks</p> <p>of the home to include ensuring that all doors close without gaps around them.</p> <p>Persons Responsible Coordinator and Residential Service Director.</p>	08/15/2024
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K S741  Bldg. 01	<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, records review, and interview, the facility failed to enforce 1 of 1 smoking policies. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager on 08/05/24 at 1:38 a.m., smoking was taking place in the front driveway (a non-smoking area) due to at least 20 cigarette butts on the ground around the van. Based on records review at 1:20 p.m., the smoking policy stated smoking is allowed on the facility's property in the designated smoking area which is located on the back patio. Based on interview at the time of observation and records review, the Qualified Intellectual Disabilities Professional stated the facility allows smoking, the back patio is the designated smoking area, and agreed smoking was taking place in non-smoking areas.</p> <p>The finding was reviewed with the Maintenance</p>	K S741	<p>Exhibit B</p> <p>K0741 Smoking was taking place in the front driveway (non-smoking area) due to at least 20 cigarette butts on the ground around the van.</p> <p>The staff at the home picked up and cleaned up the cigarette butts on 8-16-24.</p> <p>The Home Coordinator along with the Residential Service Director will complete monthly checks of the home to include ensuring that there are no cigarette butts anywhere but the smoking urn.</p> <p>Persons Responsible Coordinator and Residential Service Director.</p> <p>Exhibit C</p>	08/20/2024

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	Manager and the Qualified Intellectual Disabilities Professional during the exit conference.				