

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

PRINTED: 08/09/2024

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 -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/23/2024
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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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 03/12/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 07/23/24</p> <p>Facility Number: 000715 Provider Number: 15G182 AIM Number: 100234640</p> <p>At this PSR survey to the 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 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 07/24/24</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 03/12/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 07/23/24</p> <p>Facility Number: 000715 Provider Number: 15G182</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Shamepane Martin	Quality Manager	08/09/2024

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 S363 Bldg. 01	<p>AIM Number: 100234640</p> <p>At this PSR 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 all client 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 1.1.</p> <p>Quality Review completed on 07/24/24</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. No doors shall be arranged to prevent the occupant from closing the door. 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 			

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	<p>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</p> <p>Based on observation and interview, the facility failed to ensure corridor doors to 1 of 3 client bedrooms was self-closing or automatic closing for a non-sprinklered facility. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Home Coordinator and the Maintenance Director at 1:10 p.m. on 07/23/24, the corridor door to the east bedroom on the second floor was equipped with a self-closing device but the closer arm for the device was not connected to the door which caused the door to not be self-closing or automatic closing when tested to close multiple times. Based on interview at the time of the observations, the Maintenance Director agreed the aforementioned bedroom door was not self-closing or automatic closing because the closer arm for the self-closing device was not connected to the door.</p> <p>These findings were reviewed with the Home Coordinator during the exit conference.</p> <p>This deficiency was cited on 03/12/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	K S363	<p>K0363</p> <p>Maintenance returned to the home on July 24, 2024, and replaced the entire self-closing device, installing new closer arm and latch set up. The door was tested several times and confirmed by RSD on 8/1/2024 to be working properly. (pictures attached).</p> <p>The Home Coordinator will notify RSD immediately if the doors are not latching properly or is unable to stay closed. The RSD will contact Maintenance, QIDP and Area Director to make sure maintenance is scheduled for immediate correction.</p>	08/09/2024