

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G465	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP COD 6025 BUCKSKIN CT INDIANAPOLIS, IN 46250		
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 10/29/18</p> <p>Facility Number: 000979 Provider Number: 15G465 AIM Number: 100244860</p> <p>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.</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 11/01/18 - DA</p> <p>The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:</p>	E 0000		
E 0015 Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include at a minimum, (1) The provision of subsistence needs for staff and clients, whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical, and pharmaceutical supplies. (ii) Alternate sources of energy to</p>	E 0015	<p>CORRECTION: <i>[Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan. Specifically, the facility will incorporate the following policies into its</i></p>	11/28/2018

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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	<p>maintain - (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal in accordance with 42 CFR 483.475(b)(1). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of "Emergency/Disaster Preparedness Manual" documentation dated 08/28/18 documentation with the Maintenance Aide during record review from 9:40 a.m. to 11:15 a.m. on 10/29/18, the plan did not address subsistence needs provisions for sewage and waste disposal. Based on interview at the time of record review, the Maintenance Aide stated we should contact the QIDP Manager by telephone. Based on telephone interview at 11:00 a.m., the QIDP Manager agreed the plan did not address subsistence needs provisions for sewage and waste disposal.</p>		<p>emergency preparedness plan: the provision of subsistence needs for staff and clients, whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical, and pharmaceutical supplies. (ii) Alternate sources of energy to maintain - (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal.</p> <p>PREVENTION: Members of the Operations Team (comprised of the Operations Managers, Program Managers, Nurse Manager, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager) will incorporate reviews of the facility's emergency preparedness program into scheduled twice monthly audits to assure all required components are present. Additionally, the agency Safety committee will review and revise the plan as needed but no less than annually.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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E 0026 Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the role of the ICF/IID facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials in accordance with 42 CFR 483.475(b)(8). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of "Emergency/Disaster Preparedness Manual" documentation dated 08/28/18 documentation with the Maintenance Aide during record review from 9:40 a.m. to 11:15 a.m. on 10/29/18, the emergency preparedness plan did not include the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act. Based on interview at the time of record review, the Maintenance Aide stated we should contact the QIDP Manager by telephone. Based on telephone interview at 11:00 a.m., the QIDP Manager agreed the emergency preparedness plan did not include the role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act.</p>	E 0026	<p>CORRECTION: <i>[Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan.</i> Specifically, the facility will incorporate the following policies into its emergency preparedness plan: The role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> <p>PREVENTION: Members of the Operations Team (comprised of the Operations Managers, Program Managers, Nurse Manager, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager) will incorporate reviews of the facility's emergency preparedness program into scheduled twice monthly audits to assure all required components are present. Additionally, the agency Safety committee will review and revise the plan as needed but no less than annually.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential</p>	11/28/2018

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E 0037 Bldg. --	<p>Based on record review and interview, the facility failed to ensure the emergency preparedness training and testing program includes a training program. The ICF/IID facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of the training; (iv) Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.475(d) (1). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of "Emergency/Disaster Preparedness Manual" documentation dated 08/28/18 documentation with the Maintenance Aide during record review from 9:40 a.m. to 11:15 a.m. on 10/29/18, the emergency preparedness plan did not include staff training and testing on the emergency preparedness plan within the most recent twelve month period. Based on interview at the time of record review, the Maintenance Aide stated we should contact the QIDP Manager by telephone. Based on telephone interview at 11:00 a.m., the QIDP Manager stated supervisory staff have been trained on the emergency preparedness plan but agreed documentation of staff training and testing on the emergency</p>	E 0037	<p>Manager, Direct Support Staff, Operations Team, Regional Director</p> <p>CORRECTION: <i>The facility must have a training program on place with (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures.</i> Specifically, the facility will provide an emergency preparedness training program that includes the following. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; and provide emergency preparedness training at least annually; and maintain documentation of the training; and demonstrate staff knowledge of emergency procedures</p> <p>PREVENTION: Members of the Operations Team (comprised of the Operations</p>	11/28/2018

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E 0039 Bldg. --	preparedness plan within the most recent twelve month period was not available for review.	E 0039	<p>Managers, Program Managers, Nurse Manager, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager) will incorporate reviews of the facility's emergency preparedness program into scheduled twice monthly audits to assure all required components are present. Additionally, the agency Safety committee will review and revise the plan as needed but no less than annually.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	11/28/2018
	Based on record review and interview, the facility failed to conduct exercises to test the emergency plan at least annually, including unannounced staff drills 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 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		<p>CORRECTION:</p> <p><i>The [facility] must conduct exercises to test the emergency plan at least annually.</i> Specifically, the facility will provide an emergency preparedness training and testing program that includes the following. Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; and provide emergency preparedness training at least annually; and maintain documentation of the training; and</p>	

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K 0000 Bldg. 01	<p>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.</p> <p>Findings include:</p> <p>Based on review of "Emergency/Disaster Preparedness Manual" documentation dated 08/28/18 documentation with the Maintenance Aide during record review from 9:40 a.m. to 11:15 a.m. on 10/29/18, the emergency preparedness plan did not include documentation of at least two exercises such as community based disaster drills, a tabletop exercise or experienced an actual natural or man-made emergency within the most recent twelve month period. Based on interview at the time of record review, the Maintenance Aide stated we should contact the QIDP Manager by telephone. Based on telephone interview at 11:00 a.m., the QIDP Manager stated the facility has not conducted and documented community based disaster drills, a table top exercise or experienced an actual natural or man-made emergency within the most recent twelve month period.</p>		K 0000	<p>demonstrate staff knowledge of emergency</p> <p>PREVENTION: Members of the Operations Team (comprised of the Operations Managers, Program Managers, Nurse Manager, Executive Director, Quality Assurance Manager, Quality Assurance Coordinators and QIDP Manager) will incorporate reviews of the facility's emergency preparedness program into scheduled twice monthly audits to assure all required components are present. Additionally, the agency Safety committee will review and revise the plan as needed but no less than annually.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Direct Support Staff, Operations Team, Regional Director</p>	

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K S712 Bldg. 01	<p>conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/29/18</p> <p>Facility Number: 000979 Provider Number: 15G465 AIM Number: 100244860</p> <p>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.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and all living areas. 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 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.4.</p> <p>Quality Review completed on 11/01/18 - DA</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> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are 			

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	<p>familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and 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>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.</p> <p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the third shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Evacuation Drill: Fire" documentation with the Maintenance Aide during record review from 9:40 a.m. to 11:15 a.m. on 10/29/18, third shift fire drills conducted in the first quarter (January, February, March) 2018 were conducted on 01/10/18, 01/19/18, 02/12/18, 03/12/18 and 03/22/18 and were conducted at, respectively, 12:30 a.m., 12:00 a.m., 12:30 a.m., 12:30 a.m. and 12:30 a.m. Third shift fire drills conducted in the second quarter (April, May, June) 2018 were conducted on 04/10/18, 05/14/18</p>	K S712	<p>CORRECTION: <i>The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions.</i> Specifically, the facility will conduct additional evacuation drills on the each shift during the current quarter.</p> <p>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 Team comprised of the Program Managers, Training</p>	11/28/2018

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	and 06/12/18 and were conducted at, respectively, 12:30 a.m., 12:00 a.m. and 12:00 a.m. In addition, third shift fire drills conducted in the third quarter (July, August, September) 2018 were conducted at 12:00 a.m. on 07/10/18 and 07/20/18. Based on interview at the time of record review, the Maintenance Aide agreed the aforementioned third shift fire drills were not conducted under varied conditions.		<p>Coordinator, Nurse Manager, Quality Assurance Manager, Quality Assurance Coordinator and Executive Director 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.</p> <p>Responsible Parties: Environmental Services Team, Area Supervisor, Residential Manager, Direct Support Staff, QIDP, Operations Team</p>	