	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	DNETHICTION	(X3) DATE SURVEY
		· ·		DISTRUCTION	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING		COMPLETED
		15G486	B. WING		02/18/2022
NAME OF P	ROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP COD	
001414	NIITX/ A I TERMATO	TO ADEDT		AN RICARDO COURT	
COMMU	NITY ALTERNATIV	ES-ADEPT	INDIAN	APOLIS, IN 46256	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
E 0000					
Bldg					
		paredness Survey was	E 0000		
		diana Department of Health in			
	accordance with 42	CFR 483.475.			
	Survey Date: 02/18	3/22			
	Facility Number: 0				
	Provider Number:				
	AIM Number: 100	245010			
	At this Emergency	Preparedness survey,			
		atives-Adept was found not in			
	-	nergency Preparedness			
	-	Medicare and Medicaid			
	-	ders and Suppliers, 42 CFR			
	483.475.				
	The facility has 8 co	ertified beds. All 8 beds are			
	•	aid. At the time of the survey,			
	the census was 6.	and. The time of the survey,			
	une company was or				
	Quality Review cor	mpleted on 02/21/22			
	The requirement at	42 CFR, Subpart 483.475 is			
	NOT MET as evide	-			
	101 ME1 as evide	ineed by.			
E 0026	403.748(b)(8), 41	6.54(b)(6), 418.113(b)(6)(C)			
	, , , ,), 482.15(b)(8), 483.475(b)			
Bldg	. , , , , , , , , , , , , , , , , , , ,	485.625(b)(8), 485.920(b)			
-	(7), 494.62(b)(7)				
		aiver Declared by Secretary			
		416.54(b)(6), §418.113(b)(6)			
	(C)(iv), §441.184(b)(8), §460.84(b)(9),			
	§482.15(b)(8), §4	83.73(b)(8), §483.475(b)(8),			
	§485.625(b)(8), §4	485.920(b)(7), §494.62(b)(7).			
	(/b) Dolicies ex d :-	recodures. The ffeeilities?			
	[(α) Policies and p	procedures. The [facilities]			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486			A. BUILDING B. WING		COMPLETED 02/18/2022	
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP COD SAN RICARDO COURT NAPOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	preparedness polion the emergency (a) of this section, paragraph (a)(1) of communication plasection. The policible reviewed and use reviewed and recordance with second reviewed and procedures in accordance with second recordance with second recordance reviewed and procedures in accordance with second recordance with second reco	(7), or (9)] The role of the valver declared by the ordance with section 1135 provision of care and ternate care site identified magement officials. (403.748(b):] Policies and the role of the RNHCI under a sy the Secretary, in section 1135 of Act, in the at an alternative care site gency management view and interview, the facility ergency preparedness policies and the role of the ICF/IID over declared by the Secretary, section 1135 of the Act, in the	E 0026	CORRECTION: [Facilities] must develop and implement emergency preparedness policies and procedures, based on the	03/20/2022	
	care site identified by officials in accordar	ad treatment at an alternate by emergency management acce with 42 CFR 483.475(b)(8). ice could affect all occupants.		emergency plan. Specifically, facility will incorporate the following policies into its emergency preparedness plar The role of the facility under a waiver declared by the Secret in accordance with section 113	n: ary,	
		"Emergency/Disaster al" documentation dated		the Act, in the provision of car and treatment at an alternate		

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Facility ID: 001000

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486		A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 02/18/2022	
	PROVIDER OR SUPPLIEF			7919 S	ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT IAPOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	01/14/22 and "Eme Plans & Responses' 09/01/21 with the M review from 9:45 at emergency prepared role of the facility of Secretary, in accord Act. Based on interreview, the Mainternot include the role declared by the Secretary of the This finding was read Aide during the exist.	rgency, Disaster, Evacuation documentation dated Maintenance Aide during record m. to 11:20 a.m. on 02/18/22, the dness plan did not include the under a waiver declared by the lance with section 1135 of the rview at the time of record nance Aide agreed the plan did of the facility under a waiver retary, in accordance with Act. viewed with the Maintenance t conference.			site identified by emergency management officials. The QIDP Manager has met we senior corporate leadership are Quality Assurance staff to deven modifications to the facility's Emergency Preparedness plate a manner that meets regulated expectations within the framewof the agency's required formate PREVENTION: Members of the Operations Tector, Operations Manager Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QID Quality Assurance Coordinated Nurse Manager and Assistant Nurse Manager) will incorporate reviews of the facility's emergence preparedness program into scheduled monthly audits to assure all required componentare present. Additionally, the agency Safety committee will review and revise the plan as needed but no less than annu RESPONSIBLE PARTIES: QI Area Supervisor, Residential Manager, Direct Support Staff Operations Team, Regional Director	and elop n in ry vork at. eam PP, rs, ate ency ts ally. DP,	
E 0037 Bldg	441.184(d)(1), 483 483.73(d)(1), 484	. , . ,					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486		,	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 02/18/2022			
		ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256					
	(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		TE	(X5) COMPLETION DATE	
		§403.748(d)(1), §4 §441.184(d)(1), §4 §443.73(d)(1), §48 §485.68(d)(1), §44 (1), §485.920(d)(1) §491.12(d)(1). *[For RNCHIs at § Hospitals at §482. HHAs at §484.102 §485.727, OPOs at §491.12:] (1) Training prograll of the following (i) Initial training in policies and proce existing staff, indivender arrangemer consistent with the (ii) Provide emergency at least every 2 yes (iii) Maintain documpreparedness train (iv) Demonstrate semergency procedures and procedures and facility] must concupdated policies and procedures at The hospice must (i) Initial training in policies and procedures at The hospice must (ii) Initial training in policies and procedures at the policies and procedures at the hospice must (ii) Initial training in policies and procedures are policies are policies and procedures are policies and procedures are policies a	416.54(d)(1), §418.113(d)(1), 460.84(d)(1), §482.15(d)(1), 83.475(d)(1), §484.102(d)(1), 85.625(d)(1), §485.727(d)), §486.360(d)(1), 403.748, ASCs at §416.54, 15, ICF/IIDs at §483.475, 2, "Organizations" under at §486.360, RHC/FQHCs arm. The [facility] must do a temergency preparedness adures to all new and aviduals providing services and, and volunteers, are expected roles. The ency preparedness training areas. The ency preparedness training areas. The ency preparedness training areas. The ency preparedness policies are significantly updated, the duct training on the end procedures. §418.113(d):] (1) Training. The energency preparedness adures to all new and end procedures. The energency preparedness adures to all new and end procedures and individuals are expected roles. The energency preparedness adures to all new and enployees, and individuals are expected roles. The energency preparedness adures to all new and enployees, and individuals are expected roles. The energency preparedness and the end procedures of the						

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486		A. BUILDING B. WING	G	COMP	COMPLETED 02/18/2022	
NAME (F PROVIDER OR SUPPLIE	· ·		EET ADDRESS, CITY, STATE, ZIP COD 9 SAN RICARDO COURT		
COMN	IUNITY ALTERNATIV	'ES-ADEPT		IANAPOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	CROSS-REFERENCED TO THE APPRO	BE	(X5) COMPLETION DATE
	emergency prepare employees (included with special emphase) the procedures read others. (v) Maintain document preparedness trait (vi) If the emerger and procedures are procedures. *[For PRTFs at §4 program. The PR's following: (i) Initial training in policies and procedures arrangement consistent with the (ii) After initial trait preparedness trait (iii) Demonstrates emergency procedures (iv) Maintain document procedures are procedures and procedures are procedures and procedures and procedures are procedures and procedures and procedures are procedures are procedures and procedures are procedures and procedures are procedure	eview and rehearse its redness plan with hospice ding nonemployee staff), nasis placed on carrying out ecessary to protect patients mentation of all emergency ning. ncy preparedness policies re significantly updated, the duct training on the and 441.184(d):] (1) Training TF must do all of the n emergency preparedness edures to all new and viduals providing services nt, and volunteers, eir expected roles. ning, provide emergency ning every 2 years. estaff knowledge of dures. Immentation of all emergency ning. Incy preparedness policies re significantly updated, the uct training on the updated				

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Event ID:

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Facility ID: 001000

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486		A. BUII	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 02/18/2022			
		ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256					
	(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION	
	TAG	participants, and of their expected role (ii) Provide emergat least every 2 ye (iii) Demonstrate is emergency proceed participants of whom to contact in (iv) Maintain docu (v) If the emerger and procedures and proced	ency preparedness training ears. Staff knowledge of dures, including informing at to do, where to go, and in case of an emergency. In mentation of all training. Incy preparedness policies are significantly updated, the fuct training on the updated edures. State §483.73(d):] (1) The LTC facility must do all in emergency preparedness edures to all new and viduals providing services int, and volunteers, eir expected role. In ency preparedness training in emergency in the following: Staff knowledge of dures. 485.68(d):](1) Training. The staff knowledge of dures. 485.68(d):](1) Training. The staff knowledge of dures. 485.68(d):](1) Training. The staff knowledge of dures and procedures to all staff, individuals providing training in emergency ficies and procedures to all staff, individuals providing trangement, and volunteers, eir expected roles. ency preparedness training		TAG	DETCENCY		DATE	

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	MENT OF DEFICIENCIES AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULT A. BUILD B. WING		NSTRUCTION	(X3) DATE : COMPL 02/18/	ETED		
	OF PROVIDER OR SUPPLIED		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE		
	must be oriented responsibilities re emergency plan workday. The trai instruction in the I systems and sign equipment. (v) If the emerge and procedures a CORF must cond policies and procedures and procedures and procedures and procedures and policies and procedures and procedures and procedures and procedures and procedures and disaster auth existing staff, indicedured in under arrangeme consistent with the (ii) Provide emergency procedures and proced	B5.625(d):] (1) Training H must do all of the n emergency preparedness edures, including prompt nguishing of fires, here necessary, evacuation nnel, and guests, fire ooperation with firefighting orities, to all new and viduals providing services nt, and volunteers, eir expected roles. gency preparedness training ears. umentation of the training. staff knowledge of dures. ency preparedness policies re significantly updated, the ct training on the updated							

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	MENT OF DEFICIENCIES AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486		JILDING	ONSTRUCTION	(X3) DATE COMPI 02/18	ETED
	OF PROVIDER OR SUPPLIEI			7919 S	ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT IAPOLIS, IN 46256		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	arrangement, and their expected role documentation of must demonstrate emergency proce CMHC must provipreparedness trail Based on record refailed to ensure staff to emergency preparedness polici and existing staff, i under arrangement, with their expected preparedness traini (iii) Maintain documents before the procedures in accord (1). This deficient occupants. Findings include: Based on review of Preparedness Manu 01/14/22 and "Emergency preparedness training the procedures in according to the procedure of the procedures of the procedures of the procedures of the preparedness of the procedure of the preparedness policing preparedness policing preparedness policing preparedness policing the procedure of the preparedness policing preparedness policing preparedness policing preparedness policing preparedness policing preparedness policing preparedness procedures the preparedness policing preparedness policing preparedness policing preparedness procedures the procedure of the preparedness policing preparedness policing preparedness policing preparedness procedures the preparedness policing preparedness procedures the preparedness preparedness procedures the preparedness prepar	the training. The CMHC estaff knowledge of dures. Thereafter, the de emergency ning at least every 2 years. view and interview, the facility ff received training in regards aredness policies and cF/IID facility must do all of the de initial training in emergency es and procedures to all new individuals providing services and volunteers, consistent roles; (ii) Provide emergency ing at least every two years; mentation of the training; (iv) anowledge of emergency edance with 42 CFR 483.475(d) practice could affect all Sementation dated defends and the desired are all documentation dated and the semination of staff training on the process of the semination of emergency are defended and the semination of emergency estated and the semination of emergency estated and the semination of emergency estated and procedures within the ear period was not available for	EO	037	CORRECTION: The facility must have a training program on place with (i) Initial training in emergency preparedness policies and procedures to all new and existaff, individuals providing onservices under arrangement, volunteers, consistent with the expected roles. (ii) Provide emergency preparedness trainat least annually. (iii) Maintain documentation of the training. Demonstrate staff knowledge emergency procedures. Specifically, the facility will proan emergency preparedness training program that includes following. Initial training in emergency preparedness policand procedures to all new and existing staff, individuals proviservices under arrangement, volunteers, consistent with the expected roles; and provide emergency preparedness trainat least annually; and maintain documentation of the training; demonstrate staff knowledge emergency procedures. Facilis Specific Emergency Prepared Training has been added to not	sting sting site and eir ning (iv) of ovide the diding and eir ning n and of ty lness	03/20/2022

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Event ID:

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION _ 	COM	e survey pleted 8/2022		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE APPROPRIATE	(X5) COMPLETION DATE		
	This finding was re Aide during the exi	viewed with the Maintenance t conference.		hire On-the-Job Trainicurriculum and Area Sand the QIDP will be refore providing annual rewell as training when supdated. PREVENTION: Members of the Opera (comprised of the Opera (components and Opera (components Additionally, the agend Committee will review the plan as needed but than annually. RESPONSIBLE PARTA (components of the Opera (components of th	Supervisors responsible etraining as the plan is ations Team erations flanagers, utive rance urance P Manager) vs of the reparedness ed twice ure all are present. cy Safety and revise ut no less FIES: QIDP, dential mittee, epartment,			
E 0039 Bldg	441.184(d)(2), 483.73(d)(2), 484.485.68(d)(2), 485.486.360(d)(2), 49 EP Testing Requires \$416.54(d)(2), \$4	6.54(d)(2), 418.113(d)(2), 2.15(d)(2), 483.475(d)(2), 102(d)(2), 485.625(d)(2), 727(d)(2), 485.920(d)(2), 1.12(d)(2), 494.62(d)(2) rements 18.113(d)(2), §441.184(d)(2), 32.15(d)(2), §483.73(d)(2),						
	§483.475(d)(2), §4	484.102(d)(2), §485.68(d)(2), 485.727(d)(2), §485.920(d)						

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MUL A. BUIL B. WIN	DING	NSTRUCTION	(X3) DATE COMPL 02/18/	ETED		
	PROVIDER OR SUPPLIEI		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256						
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OI	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE		
	OPO, "Organization CMHCs at §485.9 §491.12, and ESF (2) Testing. The [if exercises to test to annually. The [fact following: (i) Participate in a community-based (A) When a community-based (B) If the [fact natural or man-materization of the exercise actual exercise actual exercise actual event. (ii) Conduct an additional exercise actual exercise (I) of this section in include, but is not (I) of the exercise (II) of the exercise (II) of the exercise (III) of the exercise	and the second s							

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 02/18/2022		
	PROVIDER OR SUPPLIEI NITY ALTERNATIV		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		ATE	(X5) COMPLETION DATE	
TAG	(iii) Analyze the [f maintain docume exercises, and en the [facility's] emeta *[For Hospices at (2) Testing for hothe patient's home conduct exercises plan at least annuthe following: (i) Participate in a community based (A) When a commaccessible, condubased functional (B) If the hospice man-made emergof the emergency exempt from engascale community-facility-based functional exercis of this section is conclude, but is not (A) A second full-community-based functional exercis (B) A mock disass (C) A tabletop exled by a facilitator discussion using a clinically-relevant set of problem states.	aspices that provide care in the care the hospice must as to test the emergency shally. The hospice must do the full-scale exercise that is a every 2 years; or anunity based exercise is not not an individual facility exercise every 2 years; or experiences a natural or elency that requires activation plan, the hospital is aging in its next required full based exercise or individual ctional exercise following the gency event. Inditional exercise every 2 the year the full-scale or the under paragraph (d)(2)(i) conducted, that may be limited to the following: In a facility based the control of the cont		TAG	DEPLIENCY)		DATE	

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486		A. BU	A. BUILDING			COMPLETED 02/18/2022	
NAME OF I	PROVIDER OR SUPPLIEF	₹			DDRESS, CITY, STATE, ZIP COD AN RICARDO COURT		
COMMU	NITY ALTERNATIV	'ES-ADEPT			APOLIS, IN 46256		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION DATE
TAG		spices that provide inpatient		IAU			DATE
	1 ' '	hospice must conduct					
	1	he emergency plan twice					
		spice must do the following:					
	1 ' '	an annual full-scale exercise					
	that is community	-based; or					
	(A) When a comm	nunity-based exercise is not					
	accessible, condu	ıct an annual individual					
	facility-based fund	ctional exercise; or					
	1 ' '	experiences a natural or					
	· ·	ency that requires activation					
	1	plan, the hospice is					
		aging in its next required					
		nity based or facility-based					
		e following the onset of the					
	emergency event.	dditional annual exercise					
	1 ' '	but is not limited to the					
	following:	but is not infined to the					
	ı •	scale exercise that is					
	1 ' '	or a facility based					
	functional exercise	-					
	(B) A mock disas						
	1 ' '	ercise or workshop led by a					
	facilitator that incl	udes a group discussion					
	using a narrated,	clinically-relevant					
	emergency scena	rio, and a set of problem					
		ed messages, or prepared					
	questions designe	ed to challenge an					
	emergency plan.						
	1 ' '	ospice's response to and					
		ntation of all drills, tabletop					
		nergency events and revise ergency plan, as needed.					
	ine nospice's enie	agency plan, as necucu.					
	*[For PRFTs at §441.184(d), Hospitals at						
	§482.15(d), CAHs						
	. ,	PRTF, Hospital, CAH] must					
	conduct exercises	s to test the emergency					

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	l í		NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		JILDING		COMPL	
		15G486	B. W	ING		02/18/	/2022
NAME OF F	DROWINED OF GIRDI ICI			STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF			7919 SA	AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG	i	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		ar. The [PRTF, Hospital,					
	CAH] must do the	•					
	(i) Participate in an annual full-scale exercise						
	that is community-based; or (A) When a community-based exercise is not						
	, ,	-					
		ct an annual individual,					
		ctional exercise; or					
		Hospital, CAH] experiences or man-made emergency					
		ation of the emergency					
	•	is exempt from engaging in					
		ull-scale community based					
	•	ty-based functional exercise					
		et of the emergency event.					
	_	an [additional] annual					
	, ,	at may include, but is not					
	limited to the follo	-					
		scale exercise that is					
	community-based						
		ctional exercise; or					
		ock disaster drill; or					
		exercise or workshop that					
	, ,	or and includes a group					
	discussion, using	a narrated,					
	clinically-relevant	emergency scenario, and a					
	set of problem sta	tements, directed					
	messages, or pre	pared questions designed					
	to challenge an er	mergency plan.					
	(iii) Analyze t	he [facility's] response to					
	and maintain docu	umentation of all drills,					
	tabletop exercises	s, and emergency events					
	and revise the [fac	cility's] emergency plan, as					
	needed.						
	*[For PACE at §46	60.84(d):]					
		PACE organization must					
		to test the emergency					
	plan at least annu						
	organization must	-					
	-	an annual full-scale exercise					

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Event ID:

3DUS21 Facility ID: 001000

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING B. WING		UILDING	NSTRUCTION	(X3) DATE COMPL 02/18 /	ETED			
		ROVIDER OR SUPPLIER			7919 SA	ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT APOLIS, IN 46256		
	(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
		accessible, condutation facility-based functions of the emergacility-based functions on the emergacility-based functions on the emergacility-based functions on the emergacility-based functional exercises of this section is community-based functional exercise of this section is community-based based functional exercises of the emergacility of th	nunity-based exercise is not ct an annual individual, stional exercise; or speriences an actual natural ergency that requires mergency plan, the PACE gaging in its next required by based or individual, stional exercise following the gency event. In additional exercise every he year the full-scale or ender paragraph (d)(2)(i) conducted that may include, to the following: scale exercise that is or individual, a facility exercise; or ter drill; or ercise or workshop that is and includes a group a narrated, emergency scenario, and a tements, directed cared questions designed mergency plan. PACE's response to and intation of all drills, tabletop hergency events and revise gency plan, as needed. Les at §483.73(d):] ty] must conduct exercises ency plan at least twice per announced staff drills using ocedures. The [LTC facility, the following: an annual full-scale exercise					

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Event ID:

3DUS21 Facility ID: 001000

If continuation sheet

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	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	, ,		NSTRUCTION	(X3) DATE SURVE	EY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING		COMPLETED	
		15G486	B. W	ING		02/18/2022	
NAME OF I	PROVIDER OR SUPPLIEI	?	_	STREET A	ADDRESS, CITY, STATE, ZIP COD	-	
					AN RICARDO COURT		
COMMU	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		PLETION
TAG		R LSC IDENTIFYING INFORMATION nunity-based exercise is not		TAG	BEITEILITE	L	DATE
	1 ' '	ict an annual individual,					
	facility-based functional exercise. (B) If the [LTC facility] facility experiences an						
	actual natural or man-made emergency that						
	requires activation of the emergency plan, the						
		mpt from engaging its next					
	•	ale community-based or					
	l .	based functional exercise					
	following the onset of the emergency event.						
	(ii) Conduct an additional annual exercise						
	that may include, but is not limited to the						
	following:						
	(A) A second full-scale exercise that is						
	community-based	l or an individual, facility					
	based functional	exercise; or					
	(B) A mock disas	ter drill; or					
	. ,	ercise or workshop that is					
	led by a facilitator	— ·					
	discussion, using						
	I	emergency scenario, and a					
	1	tements, directed					
		pared questions designed					
	to challenge an e						
		LTC facility] facility's					
	1	maintain documentation of					
		exercises, and emergency					
		e the [LTC facility] facility's					
	emergency plan,	as needed.					
	*[For ICF/IIDs at §	§483.475(d)]:					
	-	CF/IID must conduct					
	. ,	he emergency plan at least					
		ne ICF/IID must do the					
	following:						
	(i) Participate in a	n annual full-scale exercise					
	that is community						
		nunity-based exercise is not					
		ıct an annual individual,					
	facility-based fund	ctional exercise; or.					

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Event ID:

3DUS21 Facility ID: 001000

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	<u></u>	COMPL	ETED
		15G486	B. W	ING		02/18/	/2022
		l .		CTDEET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	₹			AN RICARDO COURT		
COMMI	NITY ALTERNATIV	'ES-ADEPT			APOLIS, IN 46256		
OOMMO		20-7021 1		IIVDI/IIV	711 OE10, 114 40200		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
	, ,	experiences an actual					
		ade emergency that requires					
		mergency plan, the ICF/IID					
	is exempt from engaging in its next required						
	full-scale community-based or individual,						
	facility-based functional exercise following the onset of the emergency event.						
	(ii) Conduct an additional annual exercise that may include, but is not limited to the						
	following:	but is not limited to the					
	•	scale exercise that is					
	community-based						
	facility-based functional exercise; or						
	(B) A mock disaster drill; or						
	` '	ercise or workshop that is					
		and includes a group					
	discussion, using	- ·					
	_	emergency scenario, and a					
	set of problem sta						
	· ·	pared questions designed					
	to challenge an er	mergency plan.					
	(iii) Analyze the IC	CF/IID's response to and					
	maintain docume	ntation of all drills, tabletop					
	exercises, and en	nergency events, and revise					
	the ICF/IID's eme	rgency plan, as needed.					
	*[For HHAs at §48	34.102]					
	. , , ,	e HHA must conduct					
		he emergency plan at					
		e HHA must do the					
	following:						
	, ,	full-scale exercise that is					
	community-based						
	` '	ommunity-based exercise					
		conduct an annual					
		based functional exercise					
	every 2 years; or.	A					
	, ,	A experiences an actual					
		ade emergency that requires					
	activation of the e	mergency plan, the HHA is	1				

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 02/18/2022	
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OBE COMPLETION
IAU	exempt from engal full-scale community-based functional exercise of this section is concentrated include, but is not (A) A second community-based facility-based functional exercise facility-based functional exercise facility-based functional facility-b	ging in its next required ity-based or individual, tional exercise following the gency event. ditional exercise every 2 e year the full-scale or e under paragraph (d)(2)(i) conducted, that may limited to the following: full-scale exercise that is or an individual, tional exercise; or saster drill; or exercise or workshop that or and includes a group a narrated, emergency scenario, and a tements, directed pared questions designed mergency plan. HA's response to and intation of all drills, tabletop mergency events, and revise ency plan, as needed. 36.360] e OPO must conduct the emergency plan. The	IAU		DATE

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 02/18/2022		
	PROVIDER OR SUPPLIEF NITY ALTERNATIV		STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE		
	of the emergency (ii) Analyze the Ol maintain documer exercises, and em the [RNHCl's and needed. *[RNCHIs at §403 (d)(2) Testing. The exercises to test t RNHCI must do th (i) Conduct a pape at least annually, group discussion narrated, clinically scenario, and a se directed message designed to challe (ii) Analyze the RI maintain documer exercises, and em the RNHCl's emer Based on record rev failed to conduct at emergency plan on emergency procedu do all of the follow exercise that is com community-based e individual, facility- experiences an actur emergency plan, the engaging in a comm facility-based full-s following the onset conduct an addition but is not limited to	PO's response to and ntation of all tabletop nergency events, and revise OPO's] emergency plan, as 3.748]: e RNHCI must conduct he emergency plan. The	E 0039	CORRECTION: The [facility] must conduct exercises to test the emerge plan at least annually. Specithe agency's Quality Assural Department has submitted a formal request to the Indiana Metropolitan Police Department/Department of Homeland Security Communication Emergency Response Team (CERT) to conduct an initial talk" disaster exercise, with bi-annual exercises thereafted Additionally, the ResCare Quassurance Department has requested assistance from the	fically, nce polis ity table er. uality		

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Event ID:

3DUS21

Facility ID: 001000

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G486			ULTIPLE CO UILDING ING	x3) date survey COMPLETED 02/18/2022		
NAME OF I	PROVIDER OR SUPPLIEI	· }	-		ADDRESS, CITY, STATE, ZIP COD	
					AN RICARDO COURT	
COMMO	NITY ALTERNATIV	ES-ADEP I		INDIAN	NAPOLIS, IN 46256	
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	` `	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE
		based. (B) a tabletop exercise			IMPD District Commander to	
	_	p discussion led by a			coordinate with CERT to facili	
	facilitator, using a narrated, clinically-relevant				this process. ResCare Facility	
	emergency scenario, and a set of problem				supervisors, the QIDP and	
		l messages, or prepared			administrative level managem	
		to challenge an emergency			(Operations Managers, Progra	
		he ICF/IID facility's response to			Managers, Quality Assurance	
	and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the				Manager, QIDP Manager, Qu	-
					Assurance Coordinators, Nurs	
	ICF/IID facility's emergency plan, as needed in				Manager and Assistant Nurse	
	accordance with 42 CFR 483.475(d)(2). This deficient practice could affect all occupants.				Manager) will participate in the	e
	deficient practice could affect an occupants.				exercises to assure facility	
	Findings include:				emergency preparedness	
	rindings include:				protocols are consistent with	
	Bosed on review of	"Emergency/Disaster			community emergency	
		al" documentation dated			management practices.	
	_	rgency, Disaster, Evacuation			The facility will develop documentation of the activation	an of
		" documentation dated			the Emergency Preparedness	
	_	Maintenance Aide during record			Plan during the 2020-2021	1
		.m. to 11:20 a.m. on 02/18/22,			COVID-19 epidemic, by 3/20/2	22
		community based disaster drill			using the current state of	22
		ent twelve month period was			emergency as a platform. At t	he
		view. Based on interview at the			time of this exercise, a "table to	
		ew, the Maintenance Aide			exercise will be scheduled wit	
		currently experiencing an			local emergency managemen	
	-	gency due to Covid-19 and			officials within 6 months of the	
		d procedures currently in effect			full-scale event.	
		re stated in the emergency			The QIDP Manager will meet	with
	_	mentation but agreed the			senior corporate leadership a	
		ducted a second community			Quality Assurance staff to dev	
		or conducted a tabletop			modifications to the facility's	'
		most recent twelve month			Emergency Preparedness pla	n in
	period and agreed a				a manner that meets regulato	
		not available for review at the			expectations within the frame	-
	time of the survey.				of the agency's required formation	
					PREVENTION:	
	This finding was re	viewed with the Maintenance			Members of the Operations To	eam
	Aide during the exi				(comprised of the Executive	
					Director, Operations Manager	s.

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	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 02/18/2022
	PROVIDER OR SUPPLIER		7919 S	ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROF DEFICIENCY)	N (X5) BE COMPLETION DATE
				Program Managers, Area Supervisors, Quality Assura Manager, QIDP Manager, Quality Assurance Coordina Nurse Manager and Assista Nurse Manager) will incorporeviews of the facility's eme preparedness program into scheduled twice monthly au assure all required componincluding but not limited to bi-annual community-based disaster exercises, are presented that it is plan as needed but not than annually. RESPONSIBLE PARTIES: Area Supervisor, Residentia Manager, Direct Support St Operations Team, Regional Director	QIDP, ators, ant orate orate orgency udits to ents, deent. fety revise ess QIDP, all aff,
K 0000					
Bldg. 01	conducted by the In accordance with 42 Survey Date: 02/18 Facility Number: 0 Provider Number: 100: At this Life Safety 0 Alternatives - Adep with Requirements	01000 15G486	K 0000		

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Event ID:

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Facility ID: 001000

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER		JILDING	01	COMPL	
		15G486	B. W	ING		02/18/	/2022
NAME OF P	ROVIDER OR SUPPLIER		-		ADDRESS, CITY, STATE, ZIP COD		
					AN RICARDO COURT		
COMMUN	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
		of the National Fire ion (NFPA) 101, Life Safety					
		er 33, Existing Residential					
	Board and Care Occ						
	This one story build	ling was determined to be fully					
	•	cility has a fire alarm system					
		in the attic; smoke detection in					
		ing areas. The facility has a					
	capacity of 8 and had a census of 6 at the time of						
	this survey. 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 con	npleted on 02/21/22					
K S353	NFPA 101						
	•	Maintenance and Testing					
Bldg. 01	•	Maintenance and Testing					
	2012 EXISTING (F	• *					
	NFPA 13 and 13R	ns installed in accordance					
	•	indard for the Installation of					
		, and NFPA 13R, Standard					
	•	of Sprinkler Systems in					
		ancies Up To and Including					
		ight, are inspected, tested					
		accordance with NFPA 25,					
	Standard for Inspe	•					
		ater Based Fire Protection					
	System. NFPA 13D Systen	ne					
	-	installed in accordance					
	•	tandard for the Installation					
		ms in One- and Two-Family					
		nufactured Homes, are					
	inspected, tested a	and maintained in					

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Event ID:

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	01	COMPLETED
		15G486	B. WING		02/18/2022
NAME OF I	PROVIDER OR SUPPLIER	· }	STREET	ADDRESS, CITY, STATE, ZIP COD	•
				AN RICARDO COURT	
COMMU	NITY ALTERNATIV	ES-ADEPT	INDIAN	NAPOLIS, IN 46256	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	•	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	
TAG	i	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
	accordance with to NFPA 25:	he following requirements of			
		s inspected monthly (NFPA			
	25, section 13.3.2).				
		ected monthly (NFPA 25,			
	section 13.2.71).	oolod monthly (11117120,			
	,	s inspected quarterly			
	(NFPA 25, section				
		s tested semiannually			
	(NFPA 25, section	•			
	,	isory switches tested			
	-	PA 25, section 13.3.3.5).			
	- '	lers inspected annually			
	((NFPA 25, section 5.2.1).				
	7. Visible pipe inspected annually (NFPA				
	25, section 5.2.2).				
	8. Visible pipe h	angers inspected annually			
	(NFPA 25, section	า 5.2.3).			
	9. Buildings insp	pected annually prior to			
	freezing weather f	for adequate heat for water			
		A 25, section 5.2.5).			
	-	ative sample of fast			
		rs are tested at 20 years			
	(NFPA 25, section	•			
	•	ative sample of dry pendant			
	-	ed at 10 years (NFPA 25,			
	section 5.3.1.1.15				
		olutions are tested annually			
	(NFPA 25, section	•			
		es are operated through			
	_	d returned to normal			
	• `	5, section 13.3.3.1).			
		tems of OS&Y valves are			
		y (NFPA 25, section			
	13.3.4).	stome extending into			
		stems extending into			
	•	of the building are			
	•	and maintained (NFPA 25,			
	section 13.4.4).	evetom last chacked and			
1	A. Date sprinkler s	system last checked and	- 1		I

	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	ì í		ONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		A. BUILDING 01 COMPLETED			
		15G486	B. WI	NG		02/18/	2022
	PROVIDER OR SUPPLIER			7919 S	ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT IAPOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TF.	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	necessary mainte	nance provided.					
	B. Show who prov	vided the service.					
	C. Note the source of the water supply for the automatic sprinkler system.						
		RKS information on					
		non-required or partial					
	automatic sprinkle						
	33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review, observation and						
			IZ G	2.52	CORRECTION		02/20/2022
		ty failed to ensure 1 of 1	K S	333	CORRECTION: 1. NFPA 25, Standard for the		03/20/2022
	· ·	piping systems was examined			Inspection, Testing, and		
	_	tions where conditions exist			Maintenance of Water-Based	Fire	
		structed piping as required by			Protection Systems, 2011 Edi		
		ition, the Standards for the			NFPA 25, section 14.21) state		
		and Maintenance of			inspection of piping and brand		
	Water-Based Fire P	Protection Systems, Section			line conditions shall be condu		
	14.2.1. Section 14.	2.1 states, except as discussed			every 5 years. 2. The facility n	nust	
		2.1.4, an inspection of piping			ensure the spray pattern for		
		ditions shall be conducted			sprinkler heads are not		
		ening a flushing connection at			obstructed. Specifically, the		
		and by removing a sprinkler			facility's contracted alarm and		
		ne branch line for the purpose			sprinkler system provider will		
		e presence of foreign organic rial. This deficient practice			conduct a test of the sprinkler		
	and inorganic mater	•			system's internal piping. PREVENTION:		
	arrects arrentents, si	and visitors.			The facility's contracted		
	Findings include:				environmental specialist will n	neet	
	<i>g</i>				with the QIDP Manager no les		
	Based on record rev	view with the Maintenance			than annually to review sprink		
	Aide from 9:45 a.m	ı. to 11:20 a.m. on 02/18/22,			system inspection documenta		
		n internal pipe inspection			to assure compliance. Inspect		
		ent five year period was not			will include checking the inter	nal	
		7. Based on interview at the			piping for organic and inorgan		
		ew, the Maintenance Aide			obstructions no less than ever	ry .	
		on of an internal pipe			five years.		
1	I inspection within th	ne most recent five year period	I		RESPONSIBLE PARTIES: OI	DP	

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		15G486	B. W.	ING		02/18/	/2022
				CTREET	ADDRESS STEW STATE ZID COD		
NAME OF P	ROVIDER OR SUPPLIER	2			ADDRESS, CITY, STATE, ZIP COD AN RICARDO COURT		
CONANALIN		ES ADEDT					
COMMO	NITY ALTERNATIV	ES-ADEPT		INDIAN	APOLIS, IN 46256		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	was not available for	or review. Based on			Area Supervisor, Residential		
	observations with th	ne Maintenance Aide during a			Manager, Environmental Servi	ices	
	tour of the facility f	rom 11:20 a.m. to 11:35 a.m. on		Staff, Operations Team			
	02/18/22, sprinkler	piping in the attic was metal as					
	observed from the a	attic access door in the garage.					
	This finding was re-	viewed with the Maintenance					
	Aide during the exit	t conference.					
K S712	NFPA 101						
	Fire Drills						
Bldg. 01	Fire Drills						
		t hold evacuation drills at					
	• •	each shift of personnel and					
	under varied cond						
		ll personnel on all shifts are					
	trained to perform	_					
		ll personnel on all shifts are					
	familiar with the us	· ·					
	emergency and di	saster plans and					
	procedures.						
	2. The facility mus						
	•	uate clients during at least					
	one drill each year						
	•	provisions for the					
	evacuation of clier	nts with physical					
	disabilities;						
		and evaluation on each drill;					
		I problems with evacuation					
		cidents and take corrective					
	action; and						
		lls, clients may be					
		fe area in facilities certified					
		Care Occupancies Chapter					
	of the Life Safety						
		meet the requirements of					
		and (2) of this section for					
	•	ief staff that they utilize.					
	42 CFR 483.470(i						
	 Based on record in 	review and interview, the	IKS	712	CORRECTION:		03/20/2022

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 02/18/2022 15G486 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 7919 SAN RICARDO COURT COMMUNITY ALTERNATIVES-ADEPT INDIANAPOLIS, IN 46256 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE facility failed to document the time of day first The facility must hold evacuation shift fire drills were conducted for one of four drills at least quarterly for each quarters within the most recent twelve month shift of personnel and under varied period. This deficient practice affects all clients, conditions. Specifically, the facility staff and visitors. will conduct additional evacuation drills on the each shift during the Findings include: current quarter. PREVENTION: Based on review of "Emergency Evacuation Drill: Professional staff will be retrained Fire" with the Area Supervisor, House Manager regarding the need to conduct and the Maintenance Aide during record review evacuation drills at varied times on from 9:45 a.m. to 11:20 a.m. on 02/18/22, the each shift for all staff each quarter. following fire drills did not record the time of day Training will also focus on proper the drill was conducted: completion of evacuation drill a. 04/09/21 "first shift" forms and assessment of b. 04/17/21 "first shift" individual drill compliance. The c. 05/10/21 "first shift" Operations (comprised of the d. 05/26/21 "first shift" Executive Director, Operations Based on interview at the time of record review, Managers, Program Managers, the Area Supervisor and the House Manager Area Supervisors, Quality stated the facility operates three shifts per day Assurance Manager, QIDP and agreed the aforementioned fire drill Manager, QIDP, Quality documentation stated the fire drills were Assurance Coordinators, Nurse conducted on the first shift but did not include Manager and Assistant Nurse the time of day the fire drill was conducted. Manager) will review and track all facility evacuation drill reports and This finding was reviewed with the Maintenance follow up with professional staff as Aide during the exit conference. needed to assure drills occur as scheduled and follow up with the 2. Based on record review and interview, the agency Safety Committee facility failed to provide documentation of a fire accordingly. drill conducted on the second shift for 2 of 4 Responsible Parties: quarters and on the third shift for 1 of 4 quarters. Environmental Services Team. This deficient practice affects all clients, staff and Area Supervisor, Residential visitors. Manager, Direct Support Staff, QIDP, Operations Team Findings include: Based on review of "Emergency Evacuation Drill:

Fire" with the Area Supervisor, House Manager

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486	A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 02/18/2022	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO COURT INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PROVIDER'S PLAN (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN		BE	(X5) COMPLETION DATE	
	and the Maintenance Aide during record review from 9:45 a.m. to 11:20 a.m. on 02/18/22, documentation of a fire drill conducted on the second shift in the second quarter (April, May, June) 2021 and in the third quarter (July, August, September) 2021 was not available for review. In addition, documentation of a fire drill conducted on the third shift in the third quarter 2021 was also not available for review. Based on interview at the time of record review, the Area Supervisor and the House Manager stated the facility operates three shifts per day and agreed documentation of a fire drill conducted on the second shift and on the third shift in the aforementioned calendar quarters was not available for review. This finding was reviewed with the Maintenance Aide during the exit conference.							

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