STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G499	A. BUILDING 01 B. WING	06/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEVELOPMENTAL SERVICE ALTERNATIVES INC	7603 E 10TH ST INDIANAPOLIS, IN 46219

(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
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 06/23/15 Facility Number: 001013 Provider Number: 15G499 AIM Number: 100245100 At this Life Safety Code survey, Developmental Service Alternatives Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.			
K S147 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1 Based on record review and interview, the facility failed to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients in the facility. This deficient practice could affect all staff and clients. Findings include: Based on record review with the Program Quality Coordinator from 9:50 a.m. to	K S147	K0147 The administrator will ensure that the facility has anupdated plan for protecting the clients in the facility. This plan will includeany special staff response procedures for this facility. The administrator willensure that this plan is available at all times for review by direct care staffand administrative staff. Any special staff response needs for the specificclients will also be available in their record and available for review ofstaff. The response plan	07/23/2015

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	10:35 a.m. on 06/23/15, records of staff instruction and review of the facility's written protection plan was not available for review. Based on interview at the time of record review, the Program Quality Coordinator acknowledged records of periodic staff instruction regarding special staff response and the protection plan for the facility was not available for review. Furthermore, based on review of "Fire Drill Report" records, documentation of a fire drills conducted on each of three facility shifts for at least two calendar quarters from July 2014 through June 2015 was not available for review.		will be reviewed in staff training no less than every2 months. The administrator will implement a tracking system to ensure requiredtraining is completed. The QIDP will be responsible for ensuring update of theplan and that the training is completed as required. The administrator hasroutine presence in the home. During observations in the home, theadministrator will ensure there is a current plan and evidence of trainingpresent in the home. The administrator will also review the plan to ensure itis current to the needs of the clients. Responsible Party: Area Director	
K S152 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical			

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	disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) 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. (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. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first shift and second shift for 2 of 4 quarters and on the third shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors. Findings include: Based on review of "Fire Drill Report" documentation with the Program Quality Coordinator during record review from 9:50 a.m. to 10:35 a.m. on 06/23/15, documentation of a fire drill conducted on the first shift (6:00 a.m. to 3:00 p.m.) and second shift (3:00 p.m. to 11:00 p.m.) in the fourth quarter of 2014 (October, November, December) and the first quarter of 2015 (January, February, March) was not available for review. In addition, documentation of a fire drill conducted on the third shift (11:00 p.m.	K S152	The Residential Director for the home will be responsiblefor ensuring required fire evacuation drills are completed. Their completionwill be scheduled on the staffing schedule. They will be scheduled so that adrill is completed for each shift of personnel no less than quarterly. Drillswill be scheduled to be completed by the 10th of each month. TheResidential Director will ensure completion within 3 business days. TheResidential Director will provide the Administrator documentation within 5business days to verify completion of the drill and the timing of thedrill. Should the Administrator notreceive verification of the completed drill by the 20th of eachmonth, the Residential Director will be directed to conduct the required drill andsubmit record of the completed drill by the 25th. The Administrator will use a tracking systemto ensure compliance. The Residential Director will also ensure	07/23/2015

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	to 9:00 a.m.) in the fourth quarter of 2014 and the first and second quarter (April, May, June) of 2015 was not available for review. Based on interview at the time of record review, the Program Quality Coordinator acknowledged documentation of fire drills conducted on the aforementioned shifts and quarters was not available for review.		a copy of eachdrill report is maintained in the home and available for review. This will be checked routinely byadministrators completing visits in the facility. Responsible Party: Residential Director	