

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

PRINTED: 05/09/2017

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/10/2017
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 7859 DELBROOK DR INDIANAPOLIS, IN 46260	
(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)
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/10/17</p> <p>Facility Number: 000963 Provider Number: 15G449 AIM Number: 100244740</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 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,</p>		K 0000	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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 S712 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.3.</p> <p>Quality Review completed on 02/14/17 - 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 familiar with the use of the facility's emergency and disaster plans and procedures. <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>1. Based on record review and interview, the facility failed to provide</p>	K S712	CORRECTION: <i>The facility must hold evacuation</i>	03/12/2017

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	<p>documentation of a fire drill conducted on the third shift for 1 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 Home Manager and the Maintenance Aide during record review from 2:20 p.m. to 2:55 p.m. on 02/10/17, documentation of a fire drill conducted on the third shift in the second quarter of 2016 was not available for review. Based on interview at the time of record review, the Home Manager acknowledged documentation of a fire drill conducted on the third shift in the second quarter of 2016 was not available for review.</p> <p>2. Based on record review and interview, the facility failed to conduct fire drills under varied conditions on the second and 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 Home Manager and the Maintenance Aide during record review</p>		<p><i>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:</p> <p>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 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>	

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	<p>from 2:20 p.m. to 2:55 p.m. on 02/10/17, the following was noted:</p> <p>a. 14 of 18 second shift fire drills conducted within the most recent twelve month period were conducted at 7:00 p.m.. Second shift second quarter 2016 fire drills conducted at 7:00 p.m. were conducted on 04/05/16, 04/06/16, 05/14/16, 06/07/16 and 06/21/16. Second shift third quarter 2016 fire drills conducted at 7:00 p.m. were conducted at 07/12/16, 08/12/16, 08/15/16, 08/21/16, 09/05/16, 09/14/16 and 09/17/16. Second shift fourth quarter 2016 fire drills were conducted on 11/04/16 and 11/17/16.</p> <p>b. 6 of 6 fire drills conducted on the third shift within the most recent twelve month period were conducted at 4 a.m. Third shift third quarter 2016 fire drills conducted on 07/29/16 and 09/30/16 were each conducted at 4:00 a.m. Third shift fourth quarter 2016 fire drills conducted on 10/30/16, 11/20/16 and 12/27/16 were each conducted at 4:00 a.m. The third shift first quarter 2017 fire drill conducted on 01/16/17 was also conducted at 4:00 a.m.</p> <p>Based on interview at the time of record review, the Home Manager acknowledged the aforementioned second and third shift fire drills were not conducted under varied conditions.</p>			(X5) COMPLETION DATE

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