

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

PRINTED: 03/18/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G449	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 03/03/2025
--	---	--	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP COD 7859 DELBROOK DR INDIANAPOLIS, IN 46260
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/03/25</p> <p>Facility Number: 000963 Provider Number: 15G449 AIM Number: 100244740</p> <p>At this Emergency Preparedness survey, Community Alternatives-Adept 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 six certified beds. All six beds are certified for Medicaid. At the time of the survey, the census was six.</p> <p>Quality Review completed on 03/10/25</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/03/25</p> <p>Facility Number: 000963 Provider Number: 15G449 AIM Number: 100244740</p> <p>At this Life Safety Code survey, Community</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bob Morris	QIDP Manager	03/14/2025

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.

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 03/03/2025
--	---	--	---

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 DEFICIENCY (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 S345 Bldg. 01	<p>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, all living areas, and heat detection within the unused attic space. The facility has a capacity of six and had a census of six 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 0.24.</p> <p>Quality Review completed on 03/10/25</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Sections 33.2.3.4.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ol style="list-style-type: none"> Control unit trouble signals Remote annunciators Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) 	K S345	<p>CORRECTION:</p> <p><i>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. Specifically, the Environmental Services Specialist will assure completion and documentation of a visual inspection of the fire alarm system, and moving forward will</i></p>	04/03/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G449	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/03/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP COD 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)	(X5) COMPLETION DATE
K S712 Bldg. 01	<p>d. Notification appliances e. Magnetic hold-open devices This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Technician on 03/03/25 at 10:15 p.m., documentation could not be provided regarding a visual semi-annual fire alarm system inspection. The annual testing/inspection for the fire alarm was conducted on 03/21/24. Based on an interview at the time of record review, the Maintenance Technician agreed that documentation of a visual semi-annually inspection of the fire-alarm system completed six months after the annual fire alarm test/inspection was not available for review as of the time of this survey.</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 of 4 quarters. LSC 33.7.3 states "Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6." This deficient practice affects all clients and staff in the home.</p> <p>Findings include:</p>	K S712	<p>maintain documentation of visual inspections of the fire alarm system conducted six months after annual alarm system inspections.</p> <p>PREVENTION: Members of the Operations (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Assistant Nurse manager and Nurse Manager) will review alarm system inspection records to assure semi-annual inspections of the fire alarm system occur as required, as part of a routine audit process that will occur no less than monthly.</p> <p>RESPONSIBLE PARTIES: Environmental Services Specialist, Area Supervisor, Operations Team</p> <p>CORRECTION: <i>The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions. Specifically, the facility will conduct additional evacuation drills on the each shift during the current quarter.</i></p> <p>PREVENTION:</p>	04/03/2025

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 03/03/2025
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 DEFICIENCY (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	
	<p>Based on record review of the facilities fire drill documentation entitled "Emergency Evacuation Drill - Fire" with the Maintenance Technician on 03/03/25 at 9:56 p.m., documentation could not be provided regarding a fire drill:</p> <p>a) in the third quarter (July, August, and September) of 2024 on the third shift.</p> <p>b) in the fourth quarter (October, November, or December) of 2024 on the first or second shifts.</p> <p>Based on an interview at the time of record review, the Maintenance Technician acknowledged that there were no additional fire drill documents available for review as of the time of this survey.</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 (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP, Quality Assurance Coordinators, Assistant Nurse Manager and Nurse Manager) 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, Direct Support Staff, QIDP, Operations Team</p>		