STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G465	A. BUILDING -- B. WING	12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COMMUNITY ALTERNATIVES-ADEPT	6025 BUCKSKIN CT INDIANAPOLIS, IN 46250

(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. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 10/10/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 12/05/23 Facility Number: 000979 Provider Number: 15G465 AIM Number: 100244860 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. The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8. Quality Review completed on 12/06/23	E 0000		
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 10/10/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 12/05/23 Facility Number: 000979 Provider Number: 15G465 AIM Number: 100244860	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bob Morris	QIDP Manager	12/18/2023

Any defiencystatement 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 disclo 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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	15G465	A. BUILDING 01 B. WING	12/05/2023

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	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. 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 attic was not used for living purposes, storage or fuel-fired equipment and was provided with a heat detection system to activate the fire alarm system. The facility has a capacity of 8 and had a census of 8 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 0.2. Quality Review completed on 12/06/23			
K S353 Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection			

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	15G465	A. BUILDING 01 B. WING	12/05/2023

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	System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are			

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	lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided. _____ B. Show who provided the service. _____ C. Note the source of the water supply for the automatic sprinkler system. _____ (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 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, interview, and observation the facility failed to ensure 1 of 1 automatic sprinkler piping systems was examined for internal obstructions where conditions exist that could cause obstructed piping as required by NFPA 25, 2011 Edition, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, Section 14.2.1. Section 14.2.1 states, "except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. This deficient practice affects all clients in the home. Findings include: Based on record review with the Maintenance	K S353	**CORRECTION:** *All sprinkler systems must be installed in accordance with NFPA 13.* Specifically, the governing body has fulfilled its contractual obligations to the facility's alarm and sprinkler service provider and an inspection of automatic sprinkler piping systems for internal obstructions where conditions exist that could cause obstructed piping will be conducted as required. **PREVENTION:** The QIDP Manager will retrain members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Area Supervisors, Quality Assurance Manager, QIDP Manager, QIDP,	01/04/2024

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	Tech on 10/10/23 at 2:02 p.m., the Sprinkler Systems documentation entitled "Sprinkler System Inspection Forms" dated:03/15/23, 06/28/23, 09/26/23, and 12/30/23, documentation of an internal pipe inspection could not be located. Based on an interview with the Maintenance Tech at the time of record review, he stated that he thought the sprinkler pipe was plastic or P.V.C. and he did not need to do in internal pipe inspection. Based on observations made during a tour of the facility at 2:32 p.m., the piping on the sprinkler system going up into the attic space was metal. Further investigation by going up into the hatch in the garage into the attic space showed the piping in the attic was indeed metallic. This was confirmed by the Maintenance Tech who added that he would contact his vendor immediately to get the inspection completed. Based on an interview during the Post Survey Revisit to this facility on 12/05/23 at 2:25 p.m., the Maintenance Tech explained that they were unable to get the internal pipe investigation completed prior to today's revisit adding that he would get it scheduled as soon as possible.		Quality Assurance Coordinators, Nurse Manager and Assistant Nurse Manager) to assure their familiarity with Life Safety Code requirements for inspections of the facility sprinkler system. Members of the Operations Team will conduct reviews of sprinkler inspection documentation no less than monthly to assure compliance. **RESPONSIBLE PARTIES:** QIDP, Area Supervisor, Residential Manager, Environmental Services Staff, Operations Team	