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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 11/17/2015 |
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| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421 |
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|------------------------|--|---------------|---|----------------------|
| 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: 11/17/15</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN 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.</p> <p>This two story facility with a basement was not sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all client sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</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 S014 Bldg. 01 | <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 0.90.</p> <p>Quality Review completed 11/1915/ - DA.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 2 of 14 rooms, 1 of 2 stairways, and 1 of 3 exit corridors was rated Class A or Class B for a Prompt rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 11/17/15 during a tour of the facility with the home manager from 9:15 a.m. to 10:25 a.m., the following locations had walls covered with a non rated interior finish;</p> <p>a. The second floor north client bedroom south wall was covered with wood</p> | K S014 | <p>K0014: Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Corrective Action:</p> | 12/17/2015 | | | |

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| | <p>paneling.</p> <p>b. The second floor west client bedroom closet walls were covered with wood boards.</p> <p>c. The first floor stairway wall was covered with wood paneling.</p> <p>d. The first floor exit corridor south wall was covered with wood paneling.</p> <p>Based on an interview with the home manager on 11/17/15 at 10:15 a.m., there was no evidence the wood paneled walls in the second floor north client bedroom, the first floor stairway wall, the first floor exit corridor, and the wood boards covering the second floor west client bedroom closet had a flame spread rating of a Class A or Class B interior finish. This was verified by the home manager at the time of observations and interview and acknowledged at the exit conference on 11/17/15 at 10:30 a.m.</p> | | <ul style="list-style-type: none"> · Environmental Service worker will apply a Class A or Class B interior finish to the: <ul style="list-style-type: none"> o Second floor north client bedroom south wall. o Second floor west client bedroom closet walls. o First floor stairway wall. o First floor exit corridor south wall. · Environmental Service worker will be in-serviced on Standard K0014. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Environmental Service Worker will complete monthly checks to ensure all walls are covered with a Class A or B finish. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will complete a weekly environmental home check. <p>Monitoring of Corrective Action:</p> | | |

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| K S046 Bldg. 01 | 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure 1 of 4 second floor closet electric light fixtures was provided with a cover plate covering the | K S046 | <ul style="list-style-type: none"> Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that outlets are being tested. The results will be shared with all team members. Environmental check lists will be reviewed monthly by Clinical Supervisor and are presented, at least quarterly, in Safety Committee Review. <p>Completion Date: 12-17-15</p> <p>K0046: Utilities comply with Section 9.1. 32.2.5.1,33.2.5.1</p> | 12/17/2015 | |

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| | <p>exposed electrical wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, the National Electrical Code. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. Article 370-25, Covers and Canopies, states "In completed installations each box shall have a cover, faceplate or fixture canopy." This deficient practice affect one client who resides in the second floor west client bedroom.</p> <p>Findings include:</p> <p>Based on observation with the home manager on 11/17/15 at 10:10 a.m., the second floor west client bedroom closet light fixture had electrical wiring protruding from the electrical box one foot from the light fixture with no cover plate enclosing the electrical wiring. This was verified by the home manager at the time of observation and acknowledged at the exit conference on 11/17/15 at 10:30 a.m.</p> | | <p>Corrective Action:</p> <ul style="list-style-type: none"> · Environmental Service worker will be installing a plate to enclose the exposed wiring in second floor west client bedroom closet. · Environmental Service worker will be in-serviced on Standard K0046. · <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will complete a weekly check list to ensure Simplex Grinnell inspections are up to date. · Environmental Service worker will complete monthly inspection of home to include verifying there are no exposed wires. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will complete a weekly environmental home check. <p>Monitoring of Corrective Action:</p> | | | | |

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| | | | <ul style="list-style-type: none"> · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that outlets are being tested. The results will be shared with all team members. · Environmental check lists will be reviewed monthly by Clinical Supervisor and are presented, at least quarterly, in Safety Committee Review. <p>Completion Date: 12-17-15</p> | | |