

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/09/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130
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(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
W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00186895.</p> <p>Complaint #IN00186895: Substantiated, no deficiencies related to the allegations were cited.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 12/3/15, 12/4/15 and 12/9/15.</p> <p>Facility Number: 000693 Provider Number: 15G157 AIMS Number: 100234510</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/15/15.</p>	W 0000		
W 0443  Bldg. 00	<p>483.470(i)(1)(ii) EVACUATION DRILLS The facility must hold evacuation drills to</p>			

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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	<p>ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D), plus 4 additional clients (E, F, G and H), the facility failed to ensure all personnel were trained to perform assigned tasks and were familiar with the use of the facility's emergency and disaster plan and procedure.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients A, B, C, D, E, F, G and H on 12/04/15 with TL #1 (Team Leader) at 1:45 p.m. through 2:25 p.m. The fire alarm system panel, located next to the front exit door, displayed a silence at the pull station box at the rear exit door and the yellow trouble light was displayed on the panel.</p> <p>TL #1 was interviewed on 12/04/15 at 1:50 p.m. TL #1 indicated the yellow trouble light had been displayed on the fire alarm panel for a week since the last fire drill was conducted in the home.</p> <p>The facility's (FDP) Fire Disaster Plan/ (EP) Evacuation Plan was reviewed on 12/04/15 at 1:55 p.m. The FDP/EP (undated) indicated staff should be</p>	W 0443	<p><b>W443:</b> The facility must hold evacuation drills to ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on the facility's emergency and disaster plan and procedure and the proper procedure for a complete resetting of the fire alarm system panel.</p> <p><b>How others will be identified: (Systemic):</b> The QIDP will visit the home at least weekly to ensure that all staff is familiar with the use of the facility's fire protection features, how to reset the fire alarm system, the facility's fire and disaster plan and when staff should call for assistance.</p> <p><b>Measures to be put in place:</b> All staff will be in-serviced on the facility's emergency and disaster plan and procedure and the proper procedure for a complete resetting of the fire alarm system panel.</p> <p><b>Monitoring of Corrective Action:</b></p>	01/08/2016	

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	<p>familiar with the use of the facility's fire alarm system.</p> <p>Based on a test of the four fire alarm pull station boxes on 12/04/15 from 2:05 p.m. to 2:20 p.m., the four fire alarm pull station boxes were activated and caused the fire alarm system's audible and visual devices to activate. Upon activation of the first fire alarm system pull station box at the front exit door, it was noted the fire alarm system panel requires acknowledgement of an activation of a pull station box before the fire alarm system panel can be reset.</p> <p>TL #1 was interviewed on 12/04/15 at 2:05 p.m. When asked if it was known by staff that an acknowledgement of the activation of a pull station box was performed at the fire alarm system panel before it was reset, TL #1 indicated facility staff did not know the proper procedure for a complete resetting of the fire alarm system panel.</p> <p>9-3-7(a)</p>		<p>The QIDP will visit the home at least weekly to ensure that all staff is familiar with the use of the facility's fire protection features, how to reset the fire alarm system, the facility's fire and disaster plan and when staff should call for assistance.</p> <p><b>Completion date: 01/08/2016</b></p>	