

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 10/14/2014
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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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K030000	<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: 10/14/14</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was not sprinkled. This facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas, basement and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 8</p>	K030000		

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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K030130	<p>and had a census of 7 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 1.15.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/20/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 2 of 2 portable fire extinguishers were inspected at least monthly and the inspections were documented for 5 of 5 months since the last annual inspection date, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at</p>	K030130	<p>K130: 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Corrective Action: (specific): The Residential Manager will be in-serviced on checking the fire extinguisher monthly to ensure the monthly fire extinguisher inspections are completed on all fire extinguishers with-in the home and that those inspections are documented on the tag</p>	11/13/2014

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	<p>least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the residential coordinator on 10/14/14 from 9:10 a.m. to 10:45 a.m., service and inspection tags for the portable fire extinguishers located in the kitchen and the basement each bore a service inspection tag indicating the most recent annual inspection was 10/21/13, but no monthly checks were documented on the inspection tags for November, December of 2013, and January, February, March, April, May, June, July, August, and September 2014. Based on interview at the time of observation, the residential coordinator stated there is no written documentation of monthly fire extinguisher inspections for the facility and acknowledged the facility did not perform monthly fire extinguisher inspections from November 2013 through September of 2014.</p>		<p>attached to each fire extinguisher.</p> <p>How others will be identified: (Systemic): The Environmental Service Manager will complete visits to the home monthly to check each fire extinguisher and verify that they have been checked and the documentation on the tag attached to each extinguisher verifies the monthly inspection was completed.</p> <p>Measures to be put in place: The Residential Manager will be in-serviced on checking the fire extinguisher monthly to ensure the monthly fire extinguisher inspections are completed on all fire extinguishers with-in the home and that those inspections are documented on the tag attached to each fire extinguisher.</p> <p>Monitoring of Corrective Action: The Environmental Service Manager will complete visits to the home monthly to check each fire extinguisher and verify that they have been checked and the documentation on the tag attached to each extinguisher verifies the monthly inspection was completed.</p>				

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K03S147	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to periodically instruct and keep employees informed with respect to their duties and responsibilities under the written emergency plan not less than every 2 months to protect 7 of 7 clients. A copy of the plan is readily available at all times within the facility. This deficient practice would affect all clients in the facility.</p>	K03S147	<p>Completion date:11/13/2014</p> <p>K0147 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Corrective Action: (specific): The Residential Manager will conduct a monthly staff meeting which will include an in-service</p>	11/13/2014	

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	<p>Findings include:</p> <p>Based on record review of the Fire Evacuation Drill Reports on 10/14/14 at 9:00 a.m. with the residential coordinator, there was a two month lapse in documentation indicating employees were periodically instructed and kept informed with respect to their duties and responsibilities under the fire plan between fire evacuation drills conducted on 12/19/13 and 03/07/14. Based on an interview with the residential coordinator on 10/14/14 at 9:20 a.m., the residential coordinator indicated there was no other documentation available for review to indicate employees were periodically instructed and kept informed with respect to their duties and responsibilities under the Fire Evacuation and Drill Policy every two months other than the Fire Evacuation Drill Reports and it was acknowledged the facility had missed a number of fire drills over the past year.</p>		<p>covering the house fire plan and drill schedule instructions. The Clinical Supervisor will review to ensure the staff training is completed each month.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in-serviced on completing the monthly staff training concerning the house fire plan and drill schedule instructions. The Clinical Supervisor will be in-serviced on reviewing the staff training each month.</p> <p>Measures to be put in place: The Residential Manager will conduct a monthly staff meeting which will include an in-service covering the house fire plan and drill schedule instructions. The Clinical Supervisor will review to ensure the staff training is completed each month.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in-serviced on completing the monthly staff training concerning the house fire plan and drill schedule instructions. The Clinical Supervisor will be in-serviced on reviewing the staff training each month.</p>		

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K03S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) 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> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters and 4 of 3 shifts over</p>	K03S152	<p>Completion date: 11/13/14</p> <p>K0152 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>The facility holds evacuation drills</p>	11/13/2014

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	<p>the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Fire Evacuation Drill Reports on 10/14/14 at 9:00 a.m. with the residential coordinator, there was no record of a fire drill conducted on second shift for the second quarter of the year 2014, first shift and third shift for the third quarter of the year 2014, and third shift for the fourth quarter of the year 2013. This was verified by the residential coordinator at the time of record review and acknowledged at the exit conference on 10/14/14 at 10:45 a.m.</p>		<p>at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>Corrective Action: (specific): The Residential Manager and staff will be in-serviced on the emergency drill schedule for the home which includes evacuation drills to be conducted on each shift. The Clinical Supervisor will review the emergency drill paperwork to ensure these are completed monthly, as required, per the drill schedule.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in-serviced on the monthly emergency drill schedule. The Clinical Supervisor will be in-serviced on reviewing the emergency drill paperwork to ensure the drills are completed monthly, as required, per the drill schedule.</p>		

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			<p>Measures to be put in place: The Residential Manager and staff will be in-serviced on the emergency drill schedule for the home which includes evacuation drills to be conducted on each shift. The Clinical Supervisor will review the emergency drill paperwork to ensure these are completed monthly, as required, per the drill schedule.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in-serviced on the monthly emergency drill schedule. The Clinical Supervisor will be in-serviced on reviewing the emergency drill paperwork to ensure the drills are completed monthly, as required, per the drill schedule.</p> <p>Completion date: 11/13/14</p>		