

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G262	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/02/2014
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 SUNSHINE LN JEFFERSONVILLE, IN 47130
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K010000	<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: 10/02/14</p> <p>Facility Number: 000782 Certification Number: 15G262 AIM Number: 100248980</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 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility 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. The facility has a capacity of 8 and had a census of 8 at the time of this</p>	K010000		

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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K01S041	<p>survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.28.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/10/14.</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 Every sleeping room and living area has access to a primary means of escape located to provide a safe path of travel to the outside. 33.2.2.2.1.</p> <p>Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape is an interior stair in accordance with 32.2.2.4 and 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. 32.2.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 outside exits was provided with a safe path of travel to the outside parking lot. This deficient practice could affect all clients in the facility.</p>	K01S041	<p>Corrective Action: (specific): All loose wooden decks boards will be replaced with appropriate screws to ensure the ramp is secure and safe.</p>	11/01/2014

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	<p>Findings include:</p> <p>Based on observations with the residential coordinator on 10/02/14 at 12:40 p.m., the front outside exit surface consisted of a thirty foot long wooden ramp leading to the concrete driveway. Furthermore, the wooden ramp had eight, four foot long deck boards which were loose and not held down by screws, which presented a tripping hazard when using the front wooden ramp exit. The loose deck boards along the thirty foot long front exit wooden ramp was verified by the residential coordinator after walking along the ramp surface on 10/02/14 at 12:45 p.m., and acknowledged at the exit conference on 10/02/14 at 1:25 p.m.</p>		<p>How others will be identified: (Systemic): The Residential Manager will complete an environmental checklist monthly, turn the completed checklist into the Clinical Supervisor and submit any maintenance requests for identified issues. The Clinical Supervisor will verify the monthly checklist has been completed by the Residential Manager by making at least a monthly visit to the home to ensure that all issues are addressed timely.</p> <p>Measures to be put in place: All loose wooden decks boards will be replaced with appropriate screws to ensure the ramp is safe and secure.</p> <p>Monitoring of Corrective Action: The Residential Manager will complete an environmental checklist monthly, turn the completed checklist into the Clinical Supervisor and submit any maintenance requests for identified issues. The Clinical Supervisor will verify the monthly checklist has been completed by the Residential Manager by making at least a monthly visit to the home to ensure that all issues are addressed timely.</p>		

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K01S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on record review and interview, the facility failed to ensure 10 of 10</p>	K01S053	<p>Completion date: 11/1/14</p> <p>Corrective Action: (specific):</p>	11/01/2014
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	<p>smoke detectors were tested by a qualified service technician within the past 2 years. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its 		<p>Simplex/Grinnell has been contacted and a request has been made for them to come to the home and complete the required sensitivity test on all ten smoke detectors. This information will be recorded and stored in the Inspection Binder.</p> <p>How others will be identified: (Systemic): The Residential Manager and Environmental Service Manager will ensure all necessary checks of the smoke alarms occur by Simplex/Grinnell and the necessary documentation is collected and stored in the Inspection Binder in the home.</p> <p>Measures to be put in place: Simplex/Grinnell has been contacted and a request has been made for them to come to the home and complete the required sensitivity test on all ten smoke detectors.</p> <p>Monitoring of Corrective Action: The Residential Manager and Environmental Service Manager will ensure all necessary checks of the smoke alarms occur by Simplex/Grinnell and the necessary documentation is collected and stored in the Inspection binder in the home.</p>				

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	<p>sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on a review of Fire Alarm System Reports with the residential coordinator on 10/02/14 at 12:20 p.m., the last annual Fire Alarm System Report was dated 02/11/14. Furthermore, the report did not test the ten smoke detectors in the facility for sensitivity. Based on an interview with the residential coordinator on 10/02/14 at 12:30 p.m., and after a review of the Simplex/Grinnell Inspection binder, there was no records available for review to indicate a two year sensitivity test was conducted on the ten smoke detectors in the facility. The lack of a two year sensitivity test on the facility's ten smoke detectors was verified by the</p>		<p>Completion Date: 11/1/15</p>	
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	residential coordinator at the time of record review and acknowledged at the exit conference on 10/02/14 at 1:25 p.m.				