

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR 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: 10/29/14</p> <p>Facility Number: 000769 Certification Number: 15G247 AIM Number: 100248810</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 with a basement was not sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas and basement. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>	K010000		
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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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K01S046	<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 0.50.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/05/14.</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 Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen sink electric outlet was provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 101, 33.2.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens</p>	K01S046	<p>K0046 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Corrective Action: (specific): The Environmental Service Manager will replace the standard three prong outlet with a GFCI type.</p>	11/28/2014

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	<p>at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body and electrical insulation is more subject to failure. This deficient practice affects all clients who would use the kitchen sink.</p> <p>Findings include:</p> <p>Based on observation on 10/29/14 at 10:10 a.m. with the group home supervisor, the kitchen sink had an electric outlet two feet from the sink not provided with a ground-fault circuit interrupter. Furthermore, the main electric panel in the basement was checked and confirmed that the electric receptacle two feet from the kitchen sink was not provided with GFCI protection to prevent electric shock. This was verified by the group home supervisor at the exit conference on 10/29/14 at 10:40 a.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: The Environmental Service Manager will replace the standard three prong outlet with a GFCI type.</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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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4</p>	K01S152	<p>Completion date: 11/28/14</p> <p>K0152 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of</p>	11/28/2014

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	<p>calendar quarters and 2 of 3 shifts over 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 10/29/14 at 9:00 a.m. with the group home supervisor, there was no record of a fire drill conducted on first shift for the first quarter of the year 2014, third shift for the second quarter of the year 2014, and third shift for the third quarter of the year 2014. This was verified by the group home supervisor at the time of record review and acknowledged at the exit conference on 10/29/14 at 10:40 a.m.</p>		<p>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. 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. 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</p>		

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			drill schedule. 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. Completion date: 11/28/14		