

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2016
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042
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K 0000 Bldg. 02	<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: 04/11/16</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</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 crawl space was fully sprinkled. This 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 7 and had a census of 5 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 0130 Bldg. 02	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.20.</p> <p>Quality Review completed on 04/18/16 - DA</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 portable fire extinguishers were inspected at least monthly and the inspections were documented for 1 of 2 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 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>	K 0130	<p>K130: NFPA 101Miscellaneous</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> On 4-29-16, RMwas in-serviced on monthly inspections of fire extinguishers and to documenteach inspection on the service inspection tag located on each fireextinguisher. (Attachment A) <p>How we will identifyothers:</p> <ul style="list-style-type: none"> On week two ofthe weekly checklist, the Residential Manager is to check the fire extinguisherand ensure the gauge is in the green area. RM will document this 	05/11/2016

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	Based on observation during a tour of the facility with home manager on 04/11/16 from 12:10 p.m. to 1:10 p.m., service and inspection tags for the portable fire extinguishers located in the kitchen, client sleeping room corridor, and laundry room each bore a service inspection tag indicating the most recent annual inspection was 02/13/16, but no monthly check was documented on the inspection tags for March 2016. Based on interview at the time of observation, the home manager indicated there is no written documentation of monthly fire extinguisher inspections for the facility and acknowledged the facility did not perform the monthly fire extinguisher inspection for March 2016. This was acknowledged by home manager at the exit conference on 04/11/16 at 1:10 p.m.		<p>check on the weekly check form (Attachment B) and on the service inspection tag located on each fire extinguisher.</p> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Residential Manager will complete weekly checklist each week and fax to the Program Manager upon completion. Residential Manager will keep original copy of the weekly check in the home and will document on the service inspection tag upon week two's inspection of the weekly checklist. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Program Manager will review the weekly checklist upon receipt each week and ascertain its completeness. Program Manager, Assistance Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations 		

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K S056 Bldg. 02	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a</p>		<p>within the year. The results will be shared with all team members.</p> <p>Completion Date: 5-11-16</p>	

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	<p>15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and</p>			

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	<p>including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p>			

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	<p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested for 1 of 4 quarters over the past year. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semi-annually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p>	K S056	<p>K0056: 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · On 2-26-16, SimplexGrinnell inspected the home. (Attachment C) · Simplex Grinnell was contacted in regards to the two missing wrench's for the spare sprinkler cabinets and how to obtain these wrenches. Simplex has sent a quote on the cost of the wrenches. ResCare will purchase wrenches and ensure they are placed in the home. · On 4-29-16, RM was in-serviced to ensure a copy of all documentation 	05/11/2016			

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	<p>Based on review of Simplex/Grinnell Sprinkler System Inspection Reports on 04/11/16 at 12:10 p.m. with the home manager, there was no record of a fourth quarter inspection for the year 2015. Furthermore, the sprinkler riser inspection tags were inspected at the time of record review and indicated the quarterly inspections over the past year were dated 02/10/15, 06/04/15, 09/02/15 and 02/26/16. Based on an interview with the home manager at the time of record review, there were no records available for review to indicate a fourth quarter sprinkler inspection was conducted for the year 2015. The lack of a quarterly sprinkler waterflow alarm device test for the fourth quarter of the year 2015 was acknowledged by the home manager at the exit conference on 04/11/16 at 1:10 p.m.</p> <p>2. Based on observation and interview, the facility failed to provide a sprinkler wrench in the two spare sprinkler cabinets. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, in Section 2-4.1.6 requires a special sprinkler wrench to be provided and kept in the cabinet to be used in the removal</p>		<p>of Simplex Grinnell Inspections is kept in the home in the file cabinet.</p> <ul style="list-style-type: none"> On 4-11-16, Simplex Grinnell was contacted and identifying paperwork was received from them showing proof of inspection for the fourth quarter. (Attachment C) <p>How we will identify others:</p> <ul style="list-style-type: none"> Residential Manager over the home will ensure a copy of all documentation of Simplex Grinnell Inspections is kept in the home in the file cabinet. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Residential Manager over the home will ensure a copy of all documentation of Simplex Grinnell Inspections is kept in the home in the file cabinet. Copies of paperwork are to be kept in a file identifying exact description of information contained in the file. Residential Manager 	

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	<p>and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 04/11/16 at 12:20 p.m. with the home manager, there was no sprinkler wrench in the two spare sprinkler cabinets, which were located in the client corridor air handler room and the staff office. This was verified by the home manger at the time of observation and acknowledged at the exit conference on 04/11/16 at 1:10 p.m.</p>		<p>will ensure a copy of all inspections is faxed to the Program Managerto ensure paperwork is in the home.</p> <ul style="list-style-type: none"> · Spare wrench'sfor sprinkler cabinets will be placed in the cabinets and kept there. · RM will check forspare wrenches in cabinets and note their existence in the weekly checklistform. <p>Monitoring of CorrectiveAction:</p> <ul style="list-style-type: none"> · Program Managerto track all inspections to ensure they are completed and proof is kept in thehome. · Program Manager, AssistanceExecutive Director, Executive Director, Business Manager, HR Manager, NursingManager will perform Best In Class reviews at all locations within the year.The results will be shared with all team members. <p>Completion Date: 5-11-16</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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