

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G184	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/01/2014
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421
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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
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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: 10/01/14</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>Surveyor: Lex Brashear, 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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of eight 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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K01S018	<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 0.9.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/02/14.</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 Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 2 of 6 client sleeping room doors would latch and were not restricted from closing manually or automatically. This deficient practice</p>	K01S018	<p><b>PROVIDER IDENTIFICATION #:</b> 15G184 <b>NAME OF PROVIDER:</b> RESCARE COMMUNITY ALT., SOUTH CENTRAL <b>ADDRESS:</b> 1818 H Street,</p>	10/14/2014

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	<p>could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations on 10/01/14 between 12:45 p.m. and 1:15 p.m. during a tour of the facility with the Residential Manager, the following was noted:</p> <ol style="list-style-type: none"> <li>Client sleeping room #1 (located on main level next to the front door); when this door was opened fully it would not self close because it would become wedged on the carpet within the sleeping room.</li> <li>Client sleeping room #3 (located on the second floor - middle room on the south side of the hall); the door would not latch into the door frame because it was missing the striker plate.</li> </ol> <p>These deficiencies were acknowledged by the Residential Manager at the time of observations.</p>		<p><b>Bedford, IN 47421</b> <b>SURVEY EVENT ID #: :FNB421</b></p> <p><b>DATE SURVEY COMPLETED:</b> <b>10/01/2014</b></p> <p><b>PROVIDER'S PLAN OF CORRECTION</b> <b><u>K0018 LIFE SAFETY CODE STANDARD:</u></b></p> <ul style="list-style-type: none"> <li>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door.</li> </ul> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Downstairs bedroom door has been adjusted so that it swings and closes freely, unrestricted by carpet.</li> <li>Upstairs door has been repaired by installing a new striker plate, allowing the door to latch without restriction.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will inspect homes to ensure all doors are in compliance with standards during weekly maintenance walk thru.</li> <li>Residential Manager will submit work order for any needed maintenance to Program Manager.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will inspect homes to ensure all doors are in compliance with standards during weekly maintenance walk thru.</li> <li>Residential Manager will submit maintenance work order for</li> </ul>		

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K01S149	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation, record review and interview, the facility failed to properly use a noncombustible container which cigarette butts can be disposed of for 1 of 1 smoking areas. This deficient practice could affect all clients while around the front porch area.</p> <p>Findings include:</p> <p>Based on record review on 10/01/14 at 12:40 p.m. with the Residential Manager present, the facility Smoking Policy</p>	K01S149	<p>any needed repairs, or noted maintenance issues.</p> <ul style="list-style-type: none"> <li>Appropriate personnel will conduct routine checklist for compliance/ maintenance completion.</li> </ul> <p><b>Monitoring of Corrective Action:</b> Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed. Management personnel will perform periodic service reviews to ensure that state standards are being implemented.</p> <p><b>Completion Date: 10/14/2014</b></p> <p><b>PROVIDER IDENTIFICATION #:</b> <b>15G184 NAME OF PROVIDER:</b> <b>RESCARE COMMUNITY ALT.,</b> <b>SOUTH CENTRAL ADDRESS:</b> <b>1818 H Street, Bedford, IN</b> <b>47421 SURVEY EVENT ID #:</b> <b>:FNB421 DATE SURVEY</b> <b>COMPLETED: 10/01/2014</b> <b>K0149 LIFE SAFETY CODE</b> <b>STANDARD:</b> Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. Corrective action:</p>	10/14/2014			

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	stated "The designated smoking area must have an approved, non flammable, ash disposal container". Based on observation on 10/01/14 at 1:10 p.m. during a tour of the facility with the Residential Manager, there was a plastic coffee container filled with cigarette butts on the front porch which was the designated smoking area. This was acknowledged by the Residential Manager at the time of record review and observation.		<ul style="list-style-type: none"> <li>· Plastic coffee container has been removed from smoking area.</li> <li>· A Commercial Zone Patio Smokers' Outpost in Beige Cigarette Receptacle has been purchased and placed in smoking area.</li> </ul> <p>How we will identify others:</p> <ul style="list-style-type: none"> <li>· Residential Manager will inspect home during weekly maintenance walk thru ensuring life safety standards are being met.</li> <li>· Residential Manager will submit work order for any needed maintenance to Program Manager.</li> </ul> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> <li>· Residential Manager will inspect homes to ensure compliance with standards during weekly maintenance walk thru.</li> <li>· Residential Manager will submit maintenance work order for any needed repairs, or noted maintenance issues.</li> <li>· Appropriate personnel will conduct routine checklist for compliance/ maintenance completion.</li> </ul> <p>Monitoring of Corrective Action: Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed. Management personnel will perform periodic service reviews to ensure that state standards are being implemented.</p> <p>Completion Date: 10/14/2014</p>		

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

PRINTED: 11/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

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