

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/22/2014
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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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: 12/22/14</p> <p>Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SW 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 was a two story fully sprinklered facility. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of six 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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K01S152	<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 0.24.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/24/14.</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 (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (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 - (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</p>			

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	<p>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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 1 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 12/22/14 at 1:00 p.m. with the Residential Manager present, the facility did have documentation that fifteen fire drills were performed during the past twelve months, however, there were no fire drills conducted during the first shift (day) of the first and second quarters of 2014. Based on interview at the time of record review, the Residential Manager acknowledged the lack of documented fire drills during the first shift of the first and second quarters of 2014.</p>	K01S152	<p><b>KS152:</b> 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p><b>Corrective Action: (specific):</b> 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><b>How others will be identified: (Systemic):</b> 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><b>Measures to be put in place:</b> The Residential Manager and staff will</p>	01/21/2015

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			<p><b>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.</b></p> <p><b>Monitoring of Corrective Action:</b>  <b>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.</b></p> <p><b>Completion date: 1.21.15</b></p>	