

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G241	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/17/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 651 SOUTH 100 EAST WASHINGTON, IN 47501
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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: 03/17/16</p> <p>Facility Number: 000764 Provider Number: 15G241 AIM Number: 100234870</p> <p>At this Life Safety Code survey, 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was 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> <p>Calculation of the Evacuation Difficulty</p>	K 0000	<p>PROVIDER IDENTIFICATION #: 15G201 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 651 South100 Washington, IN 47501 SURVEY EVENT ID #: IUT421 DATE SURVEY COMPLETED: 3/17/2016</p> <p>PROVIDER'S PLAN OFCORRECTION</p> <p>K0046: 483.4700)(1)(i)LIFE SAFETY CODE STANDARD ·Utilities comply withSection 9.1. ·32.2.5.1,33.2.5.1</p> <p>- -</p> <p>Correctiveaction: ·Sleeping room 1 off Living room was rearranged sothat CPAP is plugged directly into outlet. ·Staff and individuals in-serviced on LSC concerningoutlets, extension cords, and power strips. (Attachment A)</p> <p>How wewill identify others: ·Monthly inspection documentation will be completedby Residential</p>	
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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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K S046	Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.52. Quality Review completed on 03/18/16 - DA	483.470(j)(1)(i)	<p>Manager or Team Lead. (ATTACHMENT B)</p> <ul style="list-style-type: none"> ·Monthly inspections will be sent to Program Manager and reviewed for completion by safetycommittee. <p>Measuresto be put in place:</p> <ul style="list-style-type: none"> ·Monthly inspections will be sent to Program Manager andreviewed for completion by safety committee. <p>Monitoringof Corrective Action:</p> <ul style="list-style-type: none"> ·Program Manager, Associate Executive Director, ExecutiveDirector, QIDP, Human Resources Specialist, Nursing Manager or Business Managerwill perform Best in Class Audits to ensure that all ResCare policies andprocedures are being implemented as written. ·Program Manager, Associate Executive Director, ExecutiveDirector, QIDP, Human Resources Specialist, Nursing Manager or Business Managerwill perform Best in Class Audits to ensure that all regulations are beingadhered to in accordance with state law. ·Per ResCare policy Best in Class standards dictatethat a review of 10% of ICF homes, up to 5, be reviewed quarterly. <p>CompletionDate: 3/18/2016</p>		

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Bldg. 02	<p>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 extension cords including power strips and non-fused multiplug adapters were not used as a substitute for fixed wiring in 1 of 4 client sleeping rooms. LSC 33.2.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 clients.</p> <p>Findings include:</p> <p>Based on observation on 03/17/16 at 9:38 a.m. during a tour of the facility with Day Staff #1, client sleeping room #1 (located next to the living room) had a continuous positive airway pressure (CPAP) breathing machine plugged into a power strip which was plugged into a multiplug adapter which was plugged into the wall outlet. This was acknowledged by Day Staff #1 at the time of observation.</p>			K S046	<p>PROVIDER IDENTIFICATION #: 15G201 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 651 South100 Washington, IN 47501 SURVEY EVENT ID #: IUT421 DATE SURVEY COMPLETED: 3/17/2016</p> <p>PROVIDER'S PLAN OFCORRECTION</p> <p>K0046: 483.4700)(1)(i)LIFE SAFETY CODE STANDARD ·Utilities comply withSection 9.1. ·32.2.5.1,33.2.5.1</p> <p>- -</p> <p>Correctiveaction: ·Sleeping room 1 off Living room was rearranged sothat CPAP is plugged directly into outlet. ·Staff and individuals in-serviced on LSC concerningoutlets, extension cords, and power strips. (Attachment A)</p> <p>How wewill identify others: ·Monthly inspection documentation will be completedby Residential Manager or Team Lead.</p>		03/18/2016

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