

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G151	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1550 EAGLE POINT DR NEW SALISBURY, IN 47161
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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: 06/24/15</p> <p>Facility Number: 000687 Provider Number: 15G151 AIM Number: 100234460</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 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 seven and had a census of six at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.4.</p> <p>1. Based on observation and interview, the facility failed to ensure a yearly fire extinguisher inspection was performed for 1 of 3 portable fire extinguishers. NFPA 101, Section 4.5.7, requires any device, equipment, system, condition, arrangement, level of protection or any other feature required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-4.1 requires extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations on 06/24/15 between 12:30 p.m. and 1:00 p.m. during a tour of the facility with the Support Assistant (SA), the garage fire extinguisher inspection and maintenance</p>	K 0130	<p>K130: ***ADDENDUM</p> <p>Corrective Action: (specific): Maintenance personnel will ensure that all monthly fire extinguisher inspections are completed each month or as required and will include the date and initials of the person inspecting. The inspection will include confirmation of a "Verification of Service" collar. Maintenance personnel will ensure that annual and six year maintenance inspections of the portable fire extinguishers are conducted.</p> <p>How others will be identified: (Systemic): Maintenance personnel will complete inspections as required and ensure that proper documentation is in place.</p> <p>Measures to be put in place: Maintenance personnel will ensure that all monthly fire extinguisher inspections are completed each month or as required and will include the date and initials of the person inspecting. The inspection will include confirmation of a "Verification of Service" collar. Maintenance personnel will ensure that annual and six year maintenance</p>	07/24/2015

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	<p>tag had a yearly inspection date of February 2013. This was acknowledged by the SA at the time of observation.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 3 fire extinguishers was maintained in accordance with NFPA 10. LSC 4.5.7 says whenever any device, equipment or system are required for compliance with provisions of this Code, such device, equipment or systems shall be thereafter maintained unless the Code exempts such maintenance. NFPA 10, 4-4.3 states every 6 years, stored pressure fire extinguishers that require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. 4-4.4.2 states each extinguisher that has undergone maintenance that includes internal examination or that has been recharged shall have a "Verification of Service" collar located around the neck of the container. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the container unless the valve is completely removed. The collar shall not interfere with the operation of the fire extinguisher. The "Verification of Service" collar shall include the month</p>		<p>inspections of the portable fire extinguishers are conducted.</p> <p>Monitoring of Corrective Action: Maintenance personnel will complete inspections as required and ensure that proper documentation is in place.</p> <p>Completed date: 7.24.15 K130: Corrective Action: (specific): Maintenance personnel will ensure that all monthly fireextinguisher inspections are completed each month or as required and willinclude the date and initials of the person inspecting. The inspection will include confirmation of a"Verification of Service" collar. How others will beidentified: (Systemic): Maintenancepersonnel will inspect and ensure that proper documentation is in place eachmonth or as required. Measures to be put inplace: Maintenance personnel will ensure that all monthly fire extinguisherinspections are completed each month or as required and will include the dateand initials of the person inspecting. Theinspection will include confirmation of a "Verification of Service"collar. Monitoring ofCorrective Action: Maintenance personnel will</p>	

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K S051 Bldg. 02	<p>and year the service was performed, indicated by a perforation such as is done by a hand punch. 4-5.5 states each fire extinguisher shall have a tag or label securely attached that indicates the month and year recharging was performed and that identifies the person performing the services. A "Verification of Service" (maintenance or recharging) collar in accordance with 4-4.4.2 shall also be attached to the extinguisher. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations on 06/24/15 between 12:30 a.m. and 1:00 p.m. during a tour of the facility with the Support Assistant (SA), the fire extinguisher in the garage has not had its six year maintenance since 2008 according to the label and Verification of Service collar attached to the fire extinguisher. This was acknowledged by the SA at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per</p>				<p>inspect and ensure that proper documentation is in place each month or as required. Completed date: 7.24.15</p>		

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	<p>floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm systems components and devices, such as, smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was complete. LSC 9.6.2.10 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices, such as, smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire alarm system annual inspection report on 06/24/15 at 12:15 p.m. with the Support Assistant (SA) present, the annual fire alarm system inspection report from Simplex/Grinnell dated 02/19/15 was the equivalent of a cover page with only the number of devices listed as "Number Installed" and "Number Tested", but did not include an itemized check list of all devices tested, including, location, type</p>	K S051	<p>K0051:</p> <p>Corrective Action:(specific): Maintenance personnel will ensure that the annual fire alarm system inspection report will include all required information including an itemized checklist of all devices tested, including, location, type of device, visual/functional test, and pass/fail result.</p> <p>How others will be identified: (Systemic): Maintenance personnel will ensure that a complete annual fire alarm system inspection report is in place.</p> <p>Measures to be put in place: Maintenance personnel will ensure that the annual fire alarm system inspection report will include all required information including an itemized checklist of all devices tested, including, location, type of device, visual/functional test, and pass/fail result.</p> <p>Monitoring of Corrective Action: Maintenance personnel will ensure that a complete annual fire alarm system inspection report is in place.</p>	07/24/2015

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	of device, visual/functional test, and pass/fail result. This was acknowledged by the SA at the time of record review.		Completed date: 7.24.15		