

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/29/2012
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 05/21/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 06/29/12</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this PSR survey, Res Care Southeast Indiana 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p>	K0000		

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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	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.25.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/10/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 manual fire alarm systems was continuously in proper operating condition. LSC Chapter 4.6.12.1 is a general requirement and applies to all occupancies. LSC 4.6.12.1 requires that any device or any feature of a required fire detection and alarm system shall be continuously in proper operating condition. This deficient practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 06/29/12 at 12:30 p.m. with maintenance worker # 1, the fire alarm system panel lights "System Trouble" and "Disarmed" were illuminated. Based on interview with maintenance worker # 1 on 06/29/12 at 12:40 p.m., maintenance worker # 1 stated the fire alarm system will not alarm when tested because of a problem with the interconnected home security system in a client sleeping room window and the fire alarm system has not been repaired since the annual survey visit on 05/21/12</p>	KS051	<p>The Environmental Services Manager has been in contact with the Service Contractor continuously to repair the fire alarm system panel that lights "System Trouble" and "Disarmed". SimplexGrinnell and Koorsen have been to the home on May 29, 2012, June 5, 6, and 21, 2012 also July 19, 2012, returning on the programming July 23, 2012. To complete and have the fire alarm system operational as of July 27, 2012. The Fire Watch has continued to be done while this issue was resolved and documentation is attached. This now ensures the safety of all clients and staff in the facility, and will ensure future compliance with the NFPA Life Safety Code.</p>	07/27/2012	

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	<p>because the fire alarm system contractor had to order parts for the interconnected home security system. Furthermore, the facility initiated a fire watch beginning on 05/21/12 and it was still being performed at the time of this visit. Based on a telephone interview with the residential coordinator on 06/29/12 at 1:40 p.m., the facility notified the Indiana State Department of Health and the local fire department of a nonfunctional fire alarm system after the 05/21/12 annual survey visit.</p> <p>This deficiency was cited on 05/21/12. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>			