

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G080		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/04/2013	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL				STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031			
(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			
K0000	<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: 02/04/13</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Res Care Community Alternatives South Central 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 not sprinklered. The facility has a fire alarm system with smoke detection in the corridors and common living areas. The facility has a capacity of 7 and had a census of 7 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 3.45.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/05/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS014	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish.</p> <p>Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 bathrooms was provided with an interior finish with a Class A or Class B flame spread rating. This deficient practice affects all clients in the facility who use the first client Southeast bathroom.</p> <p>Findings include:</p> <p>Based on observation on 02/04/13 at 11:20 a.m. with the home manager, the first client Southeast bathroom wall behind the door had a three inch diameter area of drywall missing with wooden studs exposed. This was verified by the home manager at the time of observation.</p>	KS014	<p>PROVIDER'S PLAN OF CORRECTION K0014: Maintenance request has been completed (Attachment A). This will ensure the safety of all consumers at the site and will also comply with the NFPA Life Safety Code.</p> <p>Completion Date: 3-6-2013</p>	03/06/2013			

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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, 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 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 annual inspections were performed for 1 of 1 fire alarm systems including 3 photo electric smoke detectors, 2 horn/strobe devices, 2 fire alarm boxes, and fire alarm control equipment. LSC 9.6.2.10.1 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 Fire Alarm System Annual Inspection Report on 02/04/13 at 10:30 a.m. with the home manager, the most recent annual inspection report available for review was</p>	KS051	<p>K0051: Simplex Grinnell technician has completed Annual Fire Alarm inspection (Attachment B). This will ensure the safety of all consumers at the site and will also comply with the NFPA Life Safety Code.</p> <p>Completion Date: 2-11-2013</p>	02/11/2013	

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	dated 01/25/12, which was a period of over one year since the last inspection date. This was acknowledged by the home manager at the time of record review. Furthermore, the fire alarm system main electrical panel, located in the home manager office, had an inspection tag with the most recent inspection date of 01/25/12 written on the tag.						