

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126
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K 0000 Bldg. 01	<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: 06/12/2015</p> <p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</p> <p>At this Life Safety Code survey, Res Care Southeast Indiana was not found 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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in common living areas, and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 4 and had a census of 4 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K 0000		
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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 0130 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.52.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1) Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented for one of 3 months since the annual inspection, including the date and initials of the person performing the inspections for 3 of 3 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires that extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p>	K 0130	<p>K130: Other LSC deficiency not on 2786</p> <p>Corrective Action:(specific): Maintenance personnel will ensure that all monthly fireextinguisher inspections are completed each month and will include the date andinitials of the person inspecting. Maintenance personnel will also ensure that an annual 90 minute test andmonthly visual inspections will occur on the interior emergency lights. Allfire extinguishers that are not visible will have proper signage indicatingwhere they are located.</p> <p>How others will beidentified: (Systemic): Maintenancepersonnel will inspect and ensure that proper documentation is in place eachmonth or as required.</p> <p>Measures to be put inplace: Maintenance personnel will ensure that all monthly fire extinguisherinspections are completed each month and will include the date and initials ofthe person inspecting.</p>	07/18/2015

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	<p>During observation on 06/18/2015 between 12:25 P.M. and 12:45 P.M. with the Resident Manager, the fire extinguisher inspection/maintenance tags on 3 of 3 fire extinguishers in the home failed to have any evidence of a monthly inspection being conducted in March of 2015. The extinguisher's annual inspection occurred in February 2015. During an interview on 06/19/2015 at the time of the observation, the Resident Manager indicated there was no other evidence the portable fire extinguishers had been inspected during the month of March.</p> <p>2) Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers was located in areas where they were readily accessible. LSC 4.5.6 requires any fire protection system, building service equipment, feature of protection or safe guard provided for life safety shall be designed, installed and approved in accordance with applicable NFPA standards. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1-6.3 requires extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. Preferably they shall be located along normal paths of travel,</p>		<p>Maintenance personnel will also ensure that an annual 90 minute test and monthly visual inspections will occur on the interior emergency lights. All fire extinguishers that are not visible will have proper signage indicating where they are located.</p> <p>Monitoring of Corrective Action: Maintenance personnel will inspect and ensure that proper documentation is in place each month or as required.</p> <p>Completed date: 7.18.15</p>	

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	<p>including exits from an area. This deficient practice affects all clients, visitors and staff.</p> <p>Findings include:</p> <p>During observation on 06/18/2015 between 12:25 P.M. and 12:45 P.M. with the Resident Manager, one of three fire extinguishers in the home was found behind a cabinet door underneath the kitchen sink. There was no indication on the outside of the cabinet that a fire extinguisher was stored inside the cabinet. Interview with the Resident Manager at the time of the observation indicated that is where the extinguisher had always been stored.</p> <p>3) Based on observation, record review and interview, the facility failed to have annual or monthly tests for interior emergency lights were conducted. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2</p>			

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	<p>hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>During observation on 06/18/2015 between 12:25 P.M. and 12:45 P.M. with the Resident Manager, wall mounted emergency lights were found in the home. During review of facility records on 6/18/2015 at 12:45 P.M. there was no evidence that emergency lighting installed in the home had an annual 90 minute test or monthly visual inspections during the previous 12 months. Interview with Resident Manager indicated she was unaware of the monthly testing requirement or the annual test.</p>						