

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G271	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/01/2014
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1504 15TH ST BEDFORD, IN 47421
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K010000	<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: 10/01/14</p> <p>Facility Number: 000791 Provider Number: 15G271 AIM Number: 100243580</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</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 two story facility with a basement was not 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>	K010000		
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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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K010130	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.75.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/02/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, 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 extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least</p>	K010130	<p>PROVIDER IDENTIFICATION #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 1504 15th Street, Bedford, IN 47421 SURVEY EVENT ID #: TX1U21 DATE SURVEY COMPLETED: 10//1/2014</p> <p>PROVIDER'S PLAN OF CORRECTION</p> <p><u>K 130 : MISCELLANEOUS</u> Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the</p>	10/14/2014			

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	<p>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 in the facility.</p> <p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 10/01/14 between 10:30 a.m. and 11:00 a.m. during a tour of facility with the Residential Manager, there was no documentation on the inspection tags to show the portable fire extinguishers were inspected during July, August, and September of 2014 (for the basement fire extinguisher), and August and September of 2014 for the other two fire extinguishers. This deficiency was acknowledged by the Residential Manager at the time of observations.</p>		<p>date and initials of the person performing the inspections</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · All appropriate parties have been in-serviced on proper extinguisher inspection protocol. · All appropriate parties have been in-serviced on the standard of a "quick check" at least monthly to ensure compliance. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will inspect home during weekly maintenance walk thru ensuring life safety standards are being met. · Residential Manager will submit work order for any needed maintenance/ replacement of extinguishers to Program Manager. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will inspect homes to ensure compliance with standards during weekly maintenance walk thru. · Residential Manager will submit maintenance work order for any needed repairs, or noted maintenance issues. · Appropriate personnel will conduct routine checklist for compliance/ maintenance completion. <p>Monitoring of Corrective Action: Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed. Management personnel will perform</p>		

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 3 of 7 client sleeping room doors would latch and were not restricted from closing manually or automatically. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations on 10/01/14 between 10:30 a.m. and 11:00 a.m. during a tour of the facility with the Residential Manager, the following was noted:</p>	K01S018	<p>periodic service reviews to ensure that state standards are being implemented.</p> <p>Completion Date: 10/14/2014</p> <p><u>K0018 LIFE SAFETY CODE STANDARD:</u></p> <ul style="list-style-type: none"> · Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. - · Corrective action: · Consumers living in downstairs bedrooms have mobility issues, both using walkers. They can not maneuver the walkers and open the door to the bedroom, so for this reason they prop it open. Additional training has been offered to better 	10/14/2014

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	<p>1. Client sleeping room #1 (located on main level next to the living room); the door was held wide open with a wooden chair.</p> <p>2. Client sleeping room #3 (located on the second floor at the top of the east staircase on the left); the door was held wide open with a suitcase and basket.</p> <p>3. Client sleeping room #4 (located on the second floor at the top of the east staircase on the right); the door would not close completely and latch automatically when tested three times.</p> <p>These deficiencies were acknowledged by the Residential Manager at the time of observations.</p>		<p>help these individuals the safety concerns when the door is propped open.</p> <ul style="list-style-type: none"> · All appropriate parties including the individuals have been in-serviced on proper door protocol. · Upstairs doors have been inspected/repared allowing the door to swing closed and latch without restriction. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will inspect homes to ensure all doors are in compliance with standards during weekly maintenance walk thru. · Residential Manager will submit work order for any needed maintenance to Program Manager. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will inspect homes to ensure all doors are in compliance with standards during weekly maintenance walk thru. · Residential Manager will submit maintenance work order for any needed repairs, or noted maintenance issues. · Appropriate personnel will conduct routine checklist for compliance/ maintenance completion. <p>Monitoring of Corrective Action: Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed. Management personnel will perform periodic service reviews to ensure</p>		

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K01S046	<p>483.470(j)(1)(i) 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 2 of 7 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 all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 10/01/14 between 10:30 am. and 11:00 a.m. during a tour of the facility with the Residential Manager, the following was noted:</p> <p>1. Client sleeping room #3 (located on the second floor at the top of the east</p>	K01S046	<p>that state standards are being implemented.</p> <p>Completion Date: 10/14/2014</p> <p>K0046 LIFE SAFETY CODE STANDARD: 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 2 of 7 client sleeping rooms.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · Window air conditioner for bedrooms 3& 5 have been removed.. <p>How we will identify others:</p> <ul style="list-style-type: none"> · Residential Manager will inspect homes to ensure compliance with standards during weekly maintenance walk thru. · Residential Manager will submit work order for any needed maintenance to Program Manager. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Residential Manager will inspect homes to ensure all doors are in compliance with standards during weekly maintenance walk thru. 	10/14/2014	

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	<p>staircase on the left); had a window air conditioner plugged into a power strip.</p> <p>2. Client sleeping room #5 (located on the second floor at the top of the east staircase second room on the left); had a window air conditioner plugged into a power strip.</p> <p>These deficiencies were acknowledged by the Residential Manager at the time of observations.</p>				<ul style="list-style-type: none"> · Residential Manager will submit maintenance work order for any needed repairs, or noted maintenance issues. · Appropriate personnel will conduct routine checklist for compliance/ maintenance completion. <p>Monitoring of Corrective Action: Program Manager will review maintenance requests, and maintenance checklist to ensure all maintenance is completed. Management personnel will perform periodic service reviews to ensure that state standards are being implemented.</p> <p>Completion Date: 10/14/2014</p>		