

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/26/2013
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130
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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: 11/26/13</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>Surveyor: Mark Bugni, 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 one story facility with a basement was not sprinkled. The facility has a fire alarm system with smoke detection on all levels including in the corridors, in common living areas and in the basement. The facility has a capacity of 8 and had a census of 7 at the time of this</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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	<p>survey.</p> <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 0.35.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/03/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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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 door closers had been installed on 2 of 6 sleeping room doors. This deficient practice could affect 2 clients who reside in the 2 East Hall sleeping rooms.</p> <p>Findings include:</p> <p>Based on observations on 11/26/13 from 1:20 p.m. to 1:40 p.m. with the residential coordinator and home manager, the two East Hall client sleeping room doors were not provided with self closing devices. This was verified by the residential coordinator and home manager at the time of observations.</p>	K01S018	The doors closers have been installed on the 2 doors in the East Hall sleeping room. The Maintenance Supervisor will conduct visits to the home at least monthly to ensure that all doors are in working order and any problems identified will be repaired immediately.	12/26/2013			

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K01S152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill;</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills at least quarterly on 3 of 3 shifts during the past year. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Evacuation Drill Reports with the</p>	K01S152	The Residential Manager will be in-serviced on conducting fire drills quarterly on each shift. A fire drill schedule has been placed in the home for staff to follow and the quality assurance department will track and monitor all drills to ensure that fire drills are being conducted according to Life Safety Code Standard.	12/26/2013			

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	residential coordinator and home manager on 11/26/13 at 1:10 p.m., there was no evidence of a second shift fire drill for the first quarter of the year 2013, a third shift fire drill for the second quarter of the year 2013 or a first shift fire drill for the third quarter of the year 2013. Based on a review of the Emergency Evacuation Drill Reports by the residential coordinator and home manager and interview on 11/26/13 at 1:15 p.m., it was confirmed there was no other evidence available for review to indicate the missing fire drills were conducted.			