

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G080	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/17/2016
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SOUTH CENTRAL	STREET ADDRESS, CITY, STATE, ZIP CODE 725 CARR ST MILAN, IN 47031
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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: 06/17/16</p> <p>Facility Number: 000623 Provider Number: 15G080 AIM Number: 100233870</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 sprinkled. 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> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		

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 S053 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.62.</p> <p>Quality Review completed on 06/23/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure</p>			

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	<p>the reliability of power to smoke alarms. Based on record review and interview, the facility failed to ensure 4 of 4 smoke detectors were tested by a qualified service technician within the past 2 years. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> </ol>	K S053	<p><b>K0053:</b> There was no record to indicate that Sensitivity testing was conducted on four smoke detectors in the facility.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Program Manager contacted Simplex Grinnell to obtain the reports for the sensitivity testing. <b>(Attachment A)</b></li> <li>· Simplex Grinnell sent the paperwork to the Program Manager. <b>(Attachment B)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· At any time an inspection is completed the Residential Manager will ensure that Simplex Grinnell leaves a copy of the report at the facility upon completion.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager will notify the Program</li> </ul>	06/27/2016			

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	<p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on a review of Simplex/Grinnell Periodic Fire Alarm Inspection and Testing Reports on 06/17/16 at 11:10 a.m. with the home manager, there was no record available to indicate Sensitivity testing was conducted on four smoke detectors in the facility. Based on an interview with the home manager at the time of record review, it was stated there is no records available to indicate a two year Sensitivity test was conducted on the four smoke detectors in the facility. The lack of a current two year sensitivity test</p>		<p>Manager when Simplex Grinnell has been there to do inspections.</p> <ul style="list-style-type: none"> <li>The Program Manager will confirm that the Simplex Grinnell inspection reports were left at the facility following the inspections.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>The Program Manager will confirm with the Residential Manager that the Simplex Grinnell inspection reports were left at the facility following the inspections.</li> <li>The Residential Manager will fax a copy of the inspection reports from Simplex Grinnell to the Program Manager.</li> <li>If the reports are not left at the facility by Simplex Grinnell, the Program Manager will contact Tonya William with Simplex Grinnell to obtain the reports.</li> </ul>		

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	on the facility's four smoke detectors was verified by home manager at the time of record review and acknowledged at the exit conference on 06/17/16 at 12:02 p.m.		<b>Completion Date: 6-27-16</b>		