

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/23/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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K 0000  Bldg. 02	<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: 12/23/15</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</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 fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors and common living areas. The facility has a capacity of 7 and had a census of 5 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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 0130  Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 0.25.</p> <p>Quality Review completed 01/05/16 - DA.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 portable fire extinguishers were inspected at least monthly and the inspections were documented for 9 of 9 months since the last annual inspection date, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p>	K 0130	<p><b>K130:</b></p> <p>All staff will be in-serviced on the completion of monthly fire extinguisher checks and documenting those checks on the tag on the fire extinguisher.</p> <p>The Residential Manager will be in the home at least five times weekly and will ensure that monthly fire extinguisher checks are completed and documented on the tag for each fire extinguisher.</p>	01/22/2016

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K S017  Bldg. 02	<p>Based on observation during a tour of the facility with maintenance worker #1 on 12/23/15 from 9:00 a.m. to 10:30 a.m., service and inspection tags for the portable fire extinguishers located in the dining room, the living room, and the basement each bore a service inspection tag indicating the most recent annual inspection was 02/11/15, but no monthly checks were documented on the inspection tags for March, April, May, June, July, August, September, October, and November 2015. Based on interview at the time of observation, maintenance worker #1 stated there is no written documentation of monthly fire extinguisher inspections for the facility and acknowledged the facility did not perform monthly fire extinguisher inspections for the months listed above. This was acknowledged by maintenance worker #1 at the exit conference on 12/23/15 at 10:30 a.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The separation walls of sleeping rooms are capable of resisting fire for not less than ½ hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. Sleeping room</p>			
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	<p>doors are substantial doors, such as those of 1¾ inch thick, solid-bonded wood core construction or other construction of equal or greater stability and fire integrity. Any vision panels are fixed fire window assemblies in accordance with 8.2.3.2.2 or are wired glass not exceeding 1296 sq. in. each in area and installed in approved frames. 33.2.3.6.1, 33.2.3.6.2.</p> <p>Exception No. 1: In prompt evacuation facilities, all sleeping rooms are separated from the escape route by smoke partitions in accordance with 8.2.4. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 2: This requirement does not apply to corridor walls that are smoke partitions in accordance with 8.2.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there is no limitation on the type or size of glass panels. Door closing is regulated by 33.2.3.6.4.</p> <p>Exception No. 3: Sleeping arrangements that are not located in sleeping rooms are permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping.</p> <p>Exception No. 4: In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms are separated from escape routes by walls and doors that are smoke resistant.</p>			

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K S056 Bldg. 02	<p>No louvers or operable transoms or other air passages penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles are prohibited.</p> <p>Based on observation and interview, the facility failed to ensure the separation wall in 1 of 5 client sleeping rooms was capable of resisting fire for not less than 1/2 hour, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15 minute thermal barrier. This deficient practice could affect 2 clients who reside in the Back Hall client sleeping room #2.</p> <p>Findings include:</p> <p>Based on observation on 12/23/15 at 10:20 a.m. with maintenance worker #1, the Back Hall wall in the corridor outside client sleeping room #2 had a one inch gap along the top of the wall where the drywall was separating from the ceiling between client sleeping room #2 and the Back Hall corridor. This was verified by maintenance worker #1 at the time of observation and acknowledged at the exit conference on 12/23/15 at 10:30 a.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is</p>	K S017	<p><b>K0017:</b></p> <p>Maintenance will repair the gap along the top of the wall where the drywall is separating from the ceiling between client room #2 and the back hall corridor. If maintenance is unable to repair it a contractor will be called to assist.</p> <p>Maintenance will complete monthly visits to the home and complete and inspection to prevent future occurrence and repair any identified concerns as needed.</p>	01/22/2016

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	<p>installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p><b>SLOW</b></p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p>			

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	<p><b>IMPRACTICAL</b></p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and</p>			

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	<p>plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation and interview, the facility failed to provide 1 of 2 sprinkler types with a supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all clients if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 12/23/15 during a tour of the facility from 9:00 a.m. to 10:30 a.m. with maintenance worker #1, the facility had sidewall sprinklers throughout the kitchen and basement.</p>	K S056	<p><b>K0056:</b></p> <p>Simplex Grinnell will be contacted to replace the supply of spare sprinklers at the home</p> <p>Maintenance will complete visits to the home monthly to ensure that there is sufficient supply of spare sprinklers at the home at all times and when the supply needs replaced Simplex Grinnel will be contacted.</p>	01/22/2016

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K S147  Bldg. 02	<p>Based on observation of the spare sprinkler cabinet with maintenance worker #1 on 12/23/15 at 9:45 a.m., which was located in the basement sprinkler riser room, there were no spare sidewall sprinklers in the spare sprinkler cabinet. The lack of spare sidewall sprinklers in the spare sprinkler cabinet was verified by maintenance worker #1 at the time of observation of the spare sprinkler cabinet and acknowledged at the exit conference on 12/23/15 at 10:30 a.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>Based on record review and interview, the facility administration failed to</p>	K S147	<b>K0147:</b>	01/22/2016			

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	<p>periodically instruct and keep employees informed with respect to their duties and responsibilities under the written emergency plan not less than every 2 months to protect 5 of 5 clients. A copy of the plan is readily available at all times within the facility. This deficient practice would affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review of the Emergency Safety Skills Drill Reports on 12/23/15 at 9:00 a.m. with maintenance worker #1, the only documentation indicating employees were periodically instructed and kept informed with respect to their duties and responsibilities were the Emergency Evacuation Drill Reports. Based on a review of Emergency Evacuation Drill Reports with maintenance worker #1 on 12/23/15 at 9:05 a.m., there was a period of three months between the fire drill dating 12/09/14 at 2:00 a.m. to the fire drill conducted on 03/06/15 at 3:00 a.m. with no fire drills conducted during this period. Furthermore, there was a period of nine months from the fire drill conducted on 03/06/15 at 3:00 a.m. to the survey date of 12/23/15 with no fire drills conducted during this period. Based on an interview maintenance worker #1 on 12/23/15 at 9:25 a.m., maintenance</p>		<p>All staff at the home will be in-serviced on the fire protection plan and the plan will be in the home.</p> <p>The Residential Manager will review the fire protection plan and evacuation procedures with staff at monthly staff meetings.</p>				

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K S152 Bldg. 02	<p>worker #1 indicated there was no other documentation available for review to indicate employees were periodically instructed and kept informed with respect to their duties and responsibilities between the three month period dating from 12/09/14 and 03/06/15, and the nine month period dating from 03/06/15 to 12/23/15. The lack of two month updates for employees during the period between 12/09/14 and 03/06/15, and the period between 03/06/15 to 12/23/15 was acknowledged by maintenance worker #1 at the exit conference on 12/23/15 at 10:30 a.m.</p> <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</p>						

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	<p>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. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters and 3 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Emergency Evacuation Drill Reports on 12/23/15 with maintenance worker #1 at 9:00 a.m., there was no record of a fire drill conducted on first and second shift for the first quarter of the year 2015, first, second and third shift for the second quarter of the year 2015, and first, second and third shift for the third quarter of the year 2015. Based on an interview with maintenance worker #1 at the time of record review, there was no other documentation available for review to indicate the missed drills had been conducted. This was verified by maintenance worker #1 at the time of record review and acknowledged at the exit conference on 12/23/15 at 10:30 a.m.</p>	K S152	<p><b>K0152</b></p> <p>All staff at the home will be in-serviced on the completion of drills according to the schedule and to ensure that all shifts of personnel have a drill completed for every quarter.</p> <p>The Residential Manager will be at the home at least five times weekly to ensure that drills are being conducted and that all shifts of personnel have a drill completed for each quarter. QA will review all drills each month to ensure that all shifts of personnel have participated in drills for every quarter.</p>	01/22/2016