

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G193		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 05/07/2025	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 05/07/25</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>At this Emergency Preparedness survey, Res Care Community Alternatives SE In was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 7 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 05/08/25</p>			E 0000			
K 0000 Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/07/25</p> <p>Facility Number: 000732 Provider Number: 15G193 AIM Number: 100234760</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE In was found not in</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tracy Callahan

Program Manager

05/22/2025

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 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 30 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 S345 Bldg. 02	<p>compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 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 fully sprinklered. The facility has a fire alarm system with manual fire alarm boxes, sprinkler system flow switches and alarms hard wired to the fire alarm system. The facility has interconnected smoke detectors powered from the building electrical system installed in corridors and in all common living areas. The facility has heat detectors in the kitchen and attic. 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, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 1.6.</p> <p>Quality Review completed on 05/08/25</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Based on record review and interview, the facility failed to ensure the documentation for the sensitivity testing of all devices connected to 1 of 1 fire alarm system was complete. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p> <p>(1) Date (2) Test frequency</p>		K S345	<p>CNN/Provider Number: 15G193 AIM Number: 100234760 Facility Number: 000723</p> <p>PROVIDER: RESCARE COMMUNITY ALT. SE.IN.INC 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: April 24, 2025</p>		06/20/2025	

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	<p>(3) Name of property</p> <p>(4) Address</p> <p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency (ies)</p> <p>(7) Designation of the detector(s) tested</p> <p>(8) Functional test of detectors</p> <p>(9)*Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with the Area Supervisor (AS) on 05/07/25 between 2:40</p>				<p>Survey Event ID: 1HK921 13711 Bennettsville Rd, Memphis</p> <p>K0345 Fire Alarm System-Testing and Maintenance CFR(s): NFPA 101</p> <p>ResCare will ensure we the facility schedules a meeting with Korseen to discuss a plan to ensure that corrections are made in a timely matter.</p> <p>The Quality Assurance Manager will review inspection reports as they are received.</p> <p>The QAM will follow up with the Program Manager and the maintenance supervisor to ensure that Korseen has made all repairs.</p> <p>The QAM and the Program manager will ensure that all documentation is present and placed in the EP manual.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP</p> <p>Date of Completion: June 20, 2025</p>		

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	<p>p.m., the documentation provided contained a sensitivity test on the facility's fire alarm system dated 02/07/24. The aforementioned testing report from the provider indicated deficiencies with some smoke alarm heads testing out of range. No documentation was provided showing the deficiencies were corrected and no additional sensitivity test documentation was available since the 02/07/24 test. During a telephone call from the Maintenance Supervisor he stated that their records indicated that the deficient smoke heads had not been replaced and that he would see that they were replaced soon.</p> <p>This finding was acknowledged by the AS at the time of observation and again at the Exit Conference with the AS present.</p>						