

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G746	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 03/14/2018
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126		
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/14/18</p> <p>Facility Number: 000754 Provider Number: 15G230 AIM Number: 100243370</p> <p>At this Emergency Preparedness survey, RES Care Southeast Indiana was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 4 certified beds. All 4 beds are certified for Medicaid. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 03/19/18 - DA</p> <p>The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:</p>	E 0000		
E 0026 Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the role of the ICF/IID facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management</p>	E 0026	<p>The agency has developed an Emergency Disaster Preparedness Plan that meets all Federal, State, and local emergency preparedness requirements. Added to the plan is the following: Two conditions</p>	04/13/2018

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 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 disclosed 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 0000 Bldg. 01	<p>officials in accordance with 42 CFR 483.475(b)(8). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Residential Manager at 1:27 p.m. on 03/14/2018, the facility had an emergency preparedness plan, but it was incomplete. The emergency preparedness plan lacked policies and procedures that include the role of the ICF/IID facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. Based on interview at the time of record review, the Residential Manager acknowledged that the emergency preparedness plan lacked policies and procedures include the role of the ICF/IID facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p>	K 0000	<p>must be met for the Secretary to be able to issue "1135 waivers": the Secretary must have declared a Public Health Emergency (PHE) <u>and</u> the President must have declared an emergency or major disaster either through a Stafford Act Declaration or National Emergencies Act Declaration. Once these conditions are met, any entity on behalf of the participating provider can request an 1135 waiver from CMS, including a state, an association or even an individual provider. <u>1135 waivers, once approved, are event specific and time limited.</u> There is no standardized application form (nor is it required); however, CMS requests (when applicable) that an entity provide basic information about the facility, contact information, and a brief explanation of why a waiver is needed during the time of the disaster or emergent event. In the event an 1135 waiver is needed; the administrator will ensure the request for the waiver is submitted.</p>	

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K S351 Bldg. 01	<p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</p> <p>At this Life Safety Code survey, Res Care Southeast Indiana was found not in 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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 4 and had a census of 4 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 Prompt with an E-Score of 0.80.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below. The adequacy of the water supply shall be documented. In Prompt Evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One</p>			

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	<p>and two Family Dwellings and Manufactured Homes, shall be permitted.</p> <p>Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be permitted.</p> <p>Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6.</p> <p>Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6. 			

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K S353 Bldg. 01	<p>2. Protected by automatic sprinkler system according to 9.7.</p> <p>3. Constructed of noncombustible or limited-combustible construction; or</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703.</p> <p>33.2.3.5.3, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 garage. NFPA 13, 2010 edition, Section 6.2.7 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff and up to 2 clients and staff in the garage.</p> <p>Findings include:</p> <p>Based on observation with the Residential Manager on 03/14/18 at 12:50 a.m., two of the four garage sprinkler heads had missing escutcheons. Based on interview at the time of observations, the Residential Manager acknowledged the two missing escutcheons.</p> <p>NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt)</p> <p>NFPA 13 and 13R Systems</p> <p>All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection</p>	K S351	<p>Koorsen Fire and Security has been contacted to replace two missing escutcheons on the sprinkler heads located in the garage to comply with NFPA 13, 2010 edition, Section 6.2.7. The administrator will ensure the escutcheons have been installed and the program manager and maintenance coordinator will conduct periodic visual inspections of the system to ensure all escutcheons are in place.</p>	04/13/2018

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	<p>System.</p> <p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are 			

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	<p>lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and inspected in accordance with NFPA 25. NFPA 25, 5.2.5 requires water flow alarm devices to be inspected quarterly to verify that they are free of physical damage and 5.3.3.2 which says Vane-type and pressure switch-type water flow alarm devices shall be tested semianually. Section 3.3.18 states an inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operation condition and free of physical damage. Section 3.3.35 states a test is defined as a procedure used to determine the operational status of a component or system by conducting periodic physical checks. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Residential</p>	K S353	<p>The administrator will ensure Koorsen Fire and Security conducts quarterly sprinkler inspections and that the reports of the inspections are available in the facility for review and forwarded to the QA Manager for monitoring. The administrator will ensure monthly sprinkler gauge inspections and monthly control valve inspections are conducted by the ResCare maintenance coordinator, and that reports of the inspections are available in the facility for review and forwarded to the QA Manager for monitoring.</p>	04/13/2018

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K S712 Bldg. 01	<p>Manager on 03/14/18 at 12:41 p.m., there was no documentation available for a second or fourth quarter inspection or semiannual testing of 2017 for the water flow alarm devices available for review. The only inspection available for review was dated: August 5th of 2017. Based on an interview at the time of record review, the Residential Manager confirmed there was no sprinkler paperwork for the second and fourth quarters of 2017 available for review.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and e. 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>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>			

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	<p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly for each shift on 2 of 4 most recently completed quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Emergency Evacuation Drill" with Residential Manager on 03/14/18 at 12:44 a.m., documentation of a third shift fire drill in the second quarter of 2017, (April, May, and June) was not available for review. Furthermore, documentation of a second shift fire drill in the fourth quarter of 2017 (October, November, and December) was also not available for review. Based on an interview at the time of record review, the Residential Manager was unable to confirm these fire drills were conducted, or provide documentation of the aforementioned fire drills.</p>	K S712	<p>All staff at the home will be re-trained on completing fire drills every quarter and on all shifts. The Residential Manager will review all drills to ensure all required drills are performed and that all employees are participating in the drills. The Area Supervisor will visit the home at least monthly to ensure the drills are in the home, accurately completed, and up to date.</p>	04/13/2018