STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G256	A. BUILDING -- B. WING	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RESIDENTIAL CRF INC	6155 W 800 N FOUNTAINTOWN, IN 46130

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 07/12/23 Facility Number: 000776 Provider Number: 15G256 AIM Number: 100243510 At this Emergency Preparedness survey, Residential CRF Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475. The facility has 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 6. Quality Review completed on 07/17/23	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey conducted was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 07/12/23 Facility Number: 000776 Provider Number: 15G256 AIM Number: 100243510 At this Life Safety Code survey, Residential CRF,	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Barbara Schiffli	Social Worker/ QIDP	07/27/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G256	A. BUILDING 01 B. WING	07/12/2023

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RESIDENTIAL CRF INC	6155 W 800 N FOUNTAINTOWN, IN 46130

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	Inc. 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. This one story building was determined to be nonsprinklered. The facility has a fire alarm system with heat detection in the attic; smoke detection in all resident sleeping rooms, corridors and in all living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey. 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 0.2. Quality Review completed on 07/17/23			
K S211 Bldg. 01	NFPA 101 Means of Egress - General Means of Escape - General 2012 EXISTING Designated means of escape shall be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. 33.2.2 Based on observation and interview, the facility failed to maintain 1 of 2 designated means of egress be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. This deficient practice could affect all occupants. Findings include:	K S211	Maintenance has been contacted to repair/replace any defective boards on the back deck which could create a trip hazard. In the interim staff will closely monitor consumers when they use the deck to exit the home, or when they are sitting on the deck. If	09/01/2023

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	Based on observation and interview during a tour of the facility with the Supervisor on 07/12/23 between 1:56 p.m. and 2:30 p.m., the rear wood deck which the Supervisor stated is the primary exit to the van, at the point of exit had broken deck boards and was sagging creating a trip hazard and an unsafe exit discharge. This finding was acknowledged at the time of discovery and again at the exit conference with the Supervisor present.		necessary consumers will use an alternate exit until repairs are completed or if the deck becomes unusable. The hazard will be clearly marked for safety. Supervisor will monitor the condition of decks in other facilities on monthly home visits and report any needed repairs to maintenance immediately for correction. Responsible: Home Staff; Supervisor: Maintenance	
K S363 Bldg. 01	NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 Based on observation and interview, the facility failed to ensure 1 of 1 laundry area was provided with a door which would latch securely in the door frame. This deficient practice could affect 2 clients.	K S363	The door knob assembly on the laundry room door to the living area will be replaced by Maintenance with a knob assembly that will latch into the door frame securely. The latch	09/01/2023

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	Findings include: Based on observation and interview during a tour of the facility with the Supervisor on 07/12/23 between 1:56 p.m. and 2:30 p.m., the door separating the living area from the laundry area and gas fired furnace, failed to close and latch positively into the door frame. This finding was acknowledged at the time of discovery and again at the exit conference with the Supervisor present.		will be tested to insure that it closes securely when the door is closed. Supervisor will check the doors on monthly home checks to insure that they latch properly. Any issues will be reported to maintenance for adjustment/repair/replacement of defective latches. Responsible: Home staff; Supervisor; Maintenance	