

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G745	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/26/18</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>At this Emergency Preparedness survey, Res Care Southeast Indiana was found in substantial 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. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 05/04/18 - DA</p> <p>The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:</p>	E 0000		
E 0039 Bldg. --	<p>Based on record review and interview, the facility failed to conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The ICF/IDD facility must do all of the following: (i) participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual,</p>	E 0039	<p>The agency has developed an Emergency Disaster Preparedness Plan that meets all Federal, State, and local emergency preparedness requirements and the plan will be reviewed and updated annually by the Safety Committee. The</p>	05/26/2018

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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	<p>facility-based. If the ICF/IDD facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IDD facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event; (ii) conduct an additional exercise that may include, but is not limited to the following: (A) a second full-scale exercise that is community-based or individual, facility-based. (B) a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan; (iii) analyze the ICF/IDD facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IDD facility's emergency plan, as needed in accordance with 42 CFR 483.475(d) (2). This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the Res Care Emergency Disaster Preparedness Manual dated 07/21/17 with direct support professional #1 on 04/26/18 at 10:25 a.m., there was no documentation of two annual training exercises conducted over the past year. Based on a telephone interview on 04/26/18 at 10:40 a.m. with the quality assurance manager, it was stated the facility has not conducted any annual training exercises over the past year and the first full scale exercise is scheduled for May 2018 with the local community fire department and emergency personnel. The lack of two annual training exercises was confirmed by direct support professional #1 at the time of record review.</p>			<p>administrator will ensure all staff participate in two annual training exercises each year.</p> <p>The Program Manager will train the area supervisor on the policies and procedures and the area supervisor will train all facility employees. The Safety Committee will monitor to ensure all training has been completed.</p>	

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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: 04/26/18</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</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 0.12.</p> <p>Quality Review completed on 05/04/18 - DA</p>	K 0000		
K S100 Bldg. 01	<p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p>			

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	<p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 battery operated emergency lights were maintained in accordance with LSC 7.9. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 1/2 hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 04/26/18 with direct support professional #1 during a tour of the facility from 9:52 a.m. to 11:10 a.m., the facility had a battery operated emergency light fixture located on the wall outside client sleeping room #1 and on the wall in the back living room with a sticker on each light from Koorsen Fire & Security indicating an annual ninety minute test was conducted on March 2018. Furthermore, when asked if the facility had documentation of monthly testing conducted over the past year, direct support professional #1 stated the facility does not have documentation of monthly testing over the past year for the two battery backup lights. This was confirmed by direct support professional #1 at the time of observations.</p>	K S100	<p>The administrator will ensure a functional test of emergency lighting equipment will be conducted for 30 seconds at 30 day intervals and an annual test will be conducted on every required battery-operated emergency lighting system for not less than a 1 1/2 hour duration. Koorsen Fire and Security will conduct the 1 1/2 hour annual testing and the maintenance coordinator will conduct the monthly 30 seconds testing. Both parties conducting the testing will then provide proper documentation to the Program Manager upon completion. The Program Manager will monitor to ensure the facility remains in compliance with regulatory requirements. The Program Director will train the maintenance coordinators on conducting the testing and maintaining documentation.</p>	05/26/2018

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K S345 Bldg. 01	<p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review, observation and interview; the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition, 14.2.1.2.1 states the requirements of Section 10.19 shall be applicable when a system is impaired. Section 14.2.1.2.2 states system defects and malfunctions shall be corrected. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security Service Work Order documentation dated 03/23/18 with direct support professional #1 during record review from 9:52 a.m. to 10:45 a.m. on 04/26/18, "Main FACP batteries dead upon arrival" was stated in the "Technician Comments" section of the fire alarm system inspection report. No additional documentation on the status of battery repair or replacement on or after 03/23/18 was available for review. Based on observations with direct support professional #1 during observation of the main fire alarm system control panel at 10:30 a.m. on 04/26/18, it could not be determined if the</p>	K S345	<p>1. The administrator will ensure annual functional testing for initiating devices such as smoke detectors, release devices, and fire alarm boxes is performed by Koorsen Fire and Security on the fire alarm system and that reports of the tests/inspections are available in the facility for review. The batteries were replaced on 4/27/18 and the documentation of the replacement is attached.</p> <p>2. The administrator will ensure sensitivity testing of the fire alarm system is completed by Koorsen Fire and Security every alternate year after install and that reports of the tests/inspections are available in the facility for review. Koorsen Fire and Security will also forward inspection reports to the Program Manager for monitoring of completion. Sensitivity testing was completed on 2/23/17 and documentation of the testing is attached.</p>	05/26/2018

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K S346 Bldg. 01	<p>fire alarm system batteries had been repaired or replaced on or after 03/23/18. Based on interview at the time of the observations, direct support professional #1 stated he did not know if the fire alarm system batteries had been repaired or replaced and acknowledged documentation on the status of battery repair or replacement on or after 03/23/18 annual inspection date from Koorsen Fire & Security was not available for review.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with direct support professional #1 on 04/26/18 at 10:15 a.m., there was no records available for review to indicate a two year sensitivity test was conducted on seven photoelectric smoke detectors located in the facility. This was confirmed by direct support professional #1 at the time of record review.</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm System - Out of Service 2012 EXISTING (Prompt)</p>			

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K S353 Bldg. 01	<p>Where a required fire alarm system is out of service for more than four hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>33.2.3.4.1, 9.6.1.3, 9.6.1.5, 9.6.1.6</p> <p>Based on record review and interview, the facility failed to provide a written fire watch policy for when the fire alarm system is out of service for more than 4 hours in a 24-hour period. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with direct support professional #1 on 04/26/18 at 9:52 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview during the record review, direct support professional #1 confirmed the fire watch documentation provided named "Fire Watch, Policy and Procedure" stated to contact the Indiana State Department of Health at a phone number, and not via the ISDH Gateway link or at the e-mail address listed above.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt)</p>	K S346	<p>The Fire Watch policy and procedure has been updated to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov. All staff at the home will be re-trained on the fire watch policy and the Residential Manager will be retrained on ensuring the policy is in the home. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>The Area Supervisor will visit the home at least monthly to ensure the policy is in the home and up to date.</p>	05/26/2018

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	<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 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 			

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	<p>(NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are 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> <hr/> <p>B. Show who provided the service.</p> <hr/> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <hr/> <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, observation and interview, the facility failed to document monthly sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be</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</p>	05/26/2018

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K S354 Bldg. 01	<p>inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with direct support professional #1 on 04/26/18 at 10:20 a.m., the Simplex/Grinnell sprinkler inspection reports dated 05/14/17, 08/10/17, 11/13/17 and the Koorsen Fire & Security sprinkler inspection report dated 03/23/18 indicated the locked garage sprinkler riser room one sprinkler water pressure gauge was visually inspected during the quarterly sprinkler inspections with a pressure reading listed on each report. Based on an interview with direct support professional #1 on 04/26/18 at 10:40 a.m., it was indicated the facility does not perform monthly inspections on the one sprinkler system water pressure gauge. The lack of monthly sprinkler system water pressure gauge readings was confirmed by direct support professional #1 at the time of interview.</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.</p>		by the ResCare maintenance coordinator, and that reports of the inspections are available in the facility for review and forwarded to the Program Manager for monitoring.	

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K S363 Bldg. 01	<p>33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25)</p> <p>Based on record review and interview, the facility failed to provide a complete written policy when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period. NFPA 25, 15.5.2 (4) requires where a required fire protection system is out of service for more than 10 hours in a 24-hour period, the impairment coordinator shall arrange for one of the following: (5) the fire department has been notified and (6) the insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with direct support professional #1 on 04/26/18 at 9:52 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview during the record review, direct support professional #1 confirmed the fire watch documentation provided named "Fire Watch, Policy and Procedure" stated to contact the Indiana State Department of Health at a phone number, and not via the ISDH Gateway link or at the e-mail address listed above.</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following</p>	K S354	<p>The Fire Watch policy and procedure has been updated to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov. All staff at the home will be re-trained on the fire watch policy and the Residential Manager will be retrained on ensuring the policy is in the home. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>The Area Supervisor will visit the home at least monthly to ensure the policy is in the home and up to date.</p>	05/26/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G745	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2018
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126		
(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
	<p>requirements:</p> <ol style="list-style-type: none"> Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. No doors shall be arranged to prevent the occupant from closing the door. 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 <p>Based on observation and interview, the facility failed to ensure 1 of 4 client sleeping room corridor doors was provided with a door. This deficient practice affects 1 client who resides in client sleeping room #4.</p> <p>Findings include:</p> <p>Based on observation on 04/26/18 at 11:10 a.m. with direct support professional #1, client sleeping room #4 lacked a door. Based on an interview at the time of observation, direct support professional #1 indicated the client broke the door a month ago and the maintenance supervisor ordered a new door. This was confirmed by direct support professional #1 at the time of observation and interview.</p>	K S363	<p>The maintenance coordinator will be scheduled to replace the door on client sleeping room #4 in accordance with all NFPA requirements.</p> <p>The Area Supervisor will visit the home at least monthly to ensure all doors meet all NFPA requirements and operates correctly.</p>	05/26/2018