

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G127	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2022
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150		
(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
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 06/20/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/18/22</p> <p>Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310</p> <p>At this PSR 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 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 was a two story fully sprinklered facility. The facility has a fire alarm system with hard wired smoke detectors in the corridors, common living areas, and all client sleeping rooms. It could not be determined if the attic was equipped with heat detection connected to the fire alarm system. The facility has a capacity of 8 and had a census of 6 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 0.45.</p> <p>Quality Review completed on 08/22/22</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 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 S345 Bldg. 01	<p>NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance</p> <p>Fire Alarm System - Testing and Maintenance</p> <p>2012 EXISTING (Prompt)</p> <p>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.</p> <p>Records of system acceptance, maintenance and testing are readily available.</p> <p>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 ensure heat detectors were provided in the attic space and connected to 1 of 1 fire alarm system 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. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review on 08/18/22 between 10:30 a.m. and 11:30 a.m. with the Area Supervisor present, there was no information on the 02/21/22 fire alarm system inspection and testing report indicating that heat detection was located in the attic space. This was confirmed by the Area Supervisor at the time of record review. During a tour of the second floor and outside the facility with the Maintenance Supervisor, there was no means of inspecting the attic because there was no attic access anywhere on the second floor or</p>	K S345	<p>To correct the deficient practice ResCare maintenance has confirmed heat detectors are currently installed in the attic. The service provider will inspect the heat detectors by 9-18-22. Ongoing monitoring will be achieved through the QA department receiving and reviewing all LSC inspection reports, to ensure they are completed in a timely manner. Additional monitoring will be achieved through the AS completing a monthly LSC inspection check list. To ensure all LifeSafety code features are inspected and functional.</p>	09/18/2022

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	<p>from outside the home. The Maintenance Supervisor said he didn't think there was heat detection in the attic space.</p> <p>This deficiency was cited on 06/20/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This finding was reviewed with the Area Supervisor during the exit conference.</p>			