

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

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 08/30/2021
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 13711 BENNETTSVILLE RD MEMPHIS, IN 47143		
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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: 08/30/21</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 09/07/21</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: 08/30/21</p> <p>Facility Number: 000723 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

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 90 days 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 14 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 S100 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 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. It could not be determined if there was heat detection in the 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 2.04.</p> <p>Quality Review completed on 09/07/21</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING 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 3 of 3 portable fire extinguishers located in the facility were inspected at least monthly and the inspections were documented including the date and initials of the person</p>		K S100	ISSUE: Based on observations on 08/30/21 between 9:45 a.m. and 11:45 a.m. during a tour of the facility with the Group Home Manager and Area Supervisor,	09/30/2021

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	<p>performing the inspection. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, 2010 Edition, Section 7.2.1.2 states fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. Where monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded. Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method. Records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/30/21 between 9:45 a.m. and 11:45 a.m. during a tour of the facility with the Group Home Manager and Area Supervisor, the fire extinguisher inspection tags on each fire extinguisher showed that the facility's three fire extinguishers were not inspected monthly during June, July, and so far in August of 2021. Based on interview at the time of observations, the Group Home Manager acknowledged the lack of monthly inspections for the attached inspection tags on each fire extinguisher.</p> <p>This finding was reviewed with the Group Home</p>		<p>the fire extinguisher inspection tags on each fire extinguisher showed that the facility's three fire extinguishers were not inspected monthly during June, July, and so far in August of 2021.</p> <p>PLAN TO CORRECT: Training will be completed with all direct support professionals on monthly inspections of all fire extinguishers in home. Program Manager will follow up to ensure this is being completed. Program Manager emailed Koorsen Fire and Safety to also add this to their monthly inspection list.</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Program Manager, Associate Executive Director, Quality Assurance</p> <p>DATE TO BE CORRECTED: 9/30/2021</p>	

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K S345 Bldg. 02	<p>Manager and Area Supervisor during the exit conference.</p> <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 and interview, the facility failed to provide complete documentation 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 08/30/21 between 9:45 a.m. and 11:45 a.m. with the Group Home Manager and Area Supervisor present, there was documentation available for an annual fire alarm system test/inspection during the past 12 month period dated 08/06/21, however, the report did not include inspection of any heat detectors in the attic.</p>		K S345	<p>ISSUE: Based on record review on 08/30/21 between 9:45 a.m. and 11:45 a.m. with the Group Home Manager and Area Supervisor present, there was documentation available for an annual fire alarm system test/inspection during the past 12 month period dated 08/06/21, however, the report did not include inspection of any heat detectors in the attic.</p> <p>PLAN OF CORRECTION: Program Manager emailed Koorsen Fire and Safety ON 9/10/2021 to verify there is heat detection in the attic. Program Manager requested the inspection report to be sent to email to provide proof of this inspection. Once received, reports will remain in the home for documentation</p>	09/30/2021

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K S353 Bldg. 02	<p>the attic. Based on interview at the time of record review, the Group Home Manager and Area Supervisor did not know if the attic space was provided with heat detectors.</p> <p>This finding was reviewed with the Group Home Manager and Area Supervisor during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems 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. NFPA 13D Systems 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). 			<p>verification to be in compliance with standards. Inspections of heat detectors will continue to take place monthly.</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Program Manager, Associate Executive Director, Quality Assurance</p> <p>DATE TO BE COMPLETED: 9/30/2021</p>	

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	<p>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</p> <p>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</p> <p>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</p> <p>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (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> <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>			

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	<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 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 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. 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 operating condition and is free of physical damage. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/30/21 between 9:45 a.m. and 11:45 a.m. with the Group Home Manager and Area Supervisor present, there was no documentation the sprinkler gauges and control valves were inspected on a monthly basis in June, July, and so far in August of 2021. Based on interview at the time of record review, the Group Home Manager said there was no other monthly inspection documentation of the sprinkler system gauge readings and control</p>		K S353	<p>ISSUE:</p> <p>Based on record review on 08/30/21 between 9:45 a.m. and 11:45 a.m. with the Group Home Manager and Area Supervisor present, there was no documentation the sprinkler gauges and control valves were inspected on a monthly basis in June, July, and so far in August of 2021. Based on interview at the time of record review, the Group Home Manager said there was no other monthly inspection documentation of the sprinkler system gauge readings and control valves available for the previously mentioned months of 2021</p> <p>PLAN OF CORRECTION: Area Supervisor will ensure that sprinkler gauges and valve controls are inspected monthly. Program Manager sent inspection forms to the home on 9/16/2021 to start utilizing. Program Manager contacted Koorsen Fire and Safety on 9/16/2021 to add this to their monthly inspection, in addition to ResCare monthly inspections.</p> <p>Inspection form attached.</p>	09/30/2021

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	<p>valves available for the previously mentioned months of 2021.</p> <p>This finding was reviewed with the Group Home Manager and Area Supervisor during the exit conference.</p>			<p>PERSONS RESPONSIBLE: Area Supervisor, Program Manager, Associate Executive Director, Quality Assurance</p> <p>DATE TO BE COMPLETED: 9/30/2021</p>	