

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G167	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432		
(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 Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/12/25</p> <p>Facility Number: 000701 Provider Number: 15G167 AIM Number: 100248800</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 03/13/25</p>	E 0000		
K 0000 Bldg. 01	<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: 03/12/25</p> <p>Facility Number: 000701 Provider Number: 15G167 AIM Number: 100248800</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

Benjamin Crawford

Program Manager

03/27/2025

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G167	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432		
(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 S345 Bldg. 01	<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 not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and common living areas, plus heat detection in the attic connected to the fire alarm system. The facility has a capacity of seven and had a census of seven 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 1.44.</p> <p>Quality Review completed on 03/13/25</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Based on observation and interview; the facility failed to ensure 1 of 1 fire alarm system was continuously in proper operating condition. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation of the Fire Alarm Control Panel (FACP) on 03/12/25 at 11:30 a.m. during a tour of the facility with the Maintenance Director and Area Supervisor, the FACP located in the staff office had yellow "Trouble" and yellow "Alarm Silenced" lights illuminated. Upon request, the Maintenance Director tested the</p>	K S345	<p>K0345 Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>The facility will ensure the work has been completed to get the fire alarm system in good working order</p> <p>The Program Manager will in-service the Area Supervisor and Direct support lead on the process when the system goes into trouble.</p> <p>The fire alarm system will continue to be maintained and</p>	04/21/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G167	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432	
(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)
K S347 Bldg. 01	<p>alarm with a pull station next to the front door, plus a smoke detector in the living room with canned smoke. The audible fire alarm system did not activate with either device tested. The fire alarm system was then attempted to be reset. It would not reset. The Area Supervisor said the FACP went into the trouble yesterday (03/11/25) around 4:00 p.m. and she called the fire alarm system vendor to come check the system. They were scheduled for tomorrow (03/13/25) until the Maintenance Director called during the time of the survey and the Maintenance Director said a technician from the fire alarm inspection vendor would be at the facility today. A voicemail from the Maintenance Director at 3:49 p.m. indicated the fire alarm inspection technician came to the facility and was able to correct the issue with the FACP.</p> <p>This finding was reviewed with the Maintenance Director and Area Supervisor during the exit conference.</p> <p>NFPA 101 Smoke Detection</p> <p>Based on observation and interview, the facility failed to ensure smoke alarms powered by the building electrical system were installed in 4 of 4 sleeping rooms in this non sprinklered home. LSC section 33.2.3.4.3.1 Approved smoke alarms shall be provided in accordance with 9.6.2.10, unless otherwise indicated in 33.2.3.4.3.6 and 33.2.3.4.3.7. LSC section 9.6.2.10.1.2 The installation of smoke alarms in sleeping rooms shall be required where required by Chapters 11 through 43. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p>		K S347	<p>routinely checked by the facility maintenance technician</p> <p>Persons Responsible: Program Manager, Facility Maintenance Technician, Area Supervisor, Direct Support Lead</p> <p>K0347 Smoke Detection CFR(s): NFPA 101</p> <p>The Facility Maintenance Manager will get quotes for the work to ensure the smoke alarm systems are connected directly to the fire panel in the next 30 days.</p> <p>The Program Manager will determine who will complete the work within 30 days of receiving all quotes.</p> <p>The Facility Maintenance Manager will schedule the work</p>

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G167	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP COD 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432	
(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)
	<p>Based on observations on 03/12/25 at 10:45 a.m. during a tour of the facility with the Maintenance Director, there were no smoke alarms powered by the building electrical system in 4 of 4 client sleeping rooms in this non sprinklered home. The only hard wired smoke detectors in the facility were in the, living room, dining room, staff office, and bedroom corridor. Based on interview at the time of observations, the Maintenance Director acknowledged the lack of smoke alarms powered by the building electrical system in 4 of 4 client sleeping rooms.</p> <p>This finding was reviewed with the Maintenance Director and Area Supervisor during the exit conference.</p>			<p>to be completed within 30 days of selection of the contractor.</p> <p>The work will be completed no more than 90 days from selection of the contractor to complete the work.</p> <p>Persons Responsible: Program Manager, Facility Maintenance Manager</p>