

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

PRINTED: 06/10/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G159	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2021
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1337 E SOUTHVIEW LN PAOLI, IN 47454
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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 483.73.</p> <p>Survey Date: 05/20/21</p> <p>Facility Number: 000695 Provider Number: 15G159 AIM Number: 100243150</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 483.73</p> <p>The facility has 7 certified beds, with a current census of 7.</p> <p>Quality Review completed on 05/24/21</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: 05/20/21</p> <p>Facility Number: 000695 Provider Number: 15G159 AIM Number: 100243150</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 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 S353 Bldg. 02	<p>compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) 2012 Edition, Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridor and common living areas. 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 Prompt with an E-Score of 0.28.</p> <p>Quality Review completed on 05/24/21</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</p>				

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	<p>inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</li> <li>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</li> <li>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</li> <li>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</li> <li>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</li> <li>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</li> <li>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</li> <li>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</li> <li>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</li> </ol>			

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	<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> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 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 ensure the sprinkler system was maintained in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 5.3.4 states the freezing point of solutions in antifreeze shall be tested annually and the solutions shall be in accordance with Tables 5.3.4.1(a) and 5.3.4.1(b). This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of documentation "Report of Inspection/Test" dated 08/17/20 with the Area Supervisor during record review from 11:30 a.m. to 1:10 p.m. on 05/20/21, the antifreeze solution for the facility's sprinkler system was not tested. Comments section of "Report of Inspection/Test" dated 08/17/20 stated "Sprinkler riser uses 2 shut of valves on the backflow as the main control valve. The whole riser is antifreeze, cannot test main drain due to losing antifreeze while flowing. Need install 1 1/4 check valve so sprinkler</p>	K S353	<p>ISSUE: 'Report of Inspection/Test' dated 08/17/20 stated "Sprinkler riser uses 2 shut of valves on the backflow as the main control valve. The whole riser is antifreeze, cannot test main drain due to losing antifreeze while flowing. 'Report of Inspection/Test' dated 08/17/20 stated "Sprinkler riser uses 2 shut of valves on the backflow as the main control valve. The whole riser is antifreeze, cannot test main drain due to losing antifreeze while flowing. Need install 1 1/4 check valve so sprinkler properly tested."</p> <p>PLAN OF CORRECTION: Program Manager called in a work order (WO-207780) into Colin Gregitis, Facilities Coordinator for Aramark Maintenance. The work order is to install 1 1/4 check valve so the sprinkler can be properly tested. Once this work order is complete, Koorsen will come out to site and run a sprinkler test.</p>	06/15/2021	

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K S712  Bldg. 02	<p>properly tested." Based on interview at the time of record review, the Area Supervisor stated no additional sprinkler system antifreeze repair or replace documentation was available for review and agreed the the antifreeze solution was not maintained in accordance with NFPA 25.</p> <p>This finding was reviewed with the Area Supervisor at the exit conference.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> <li>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</li> </ul> <p>2. The facility must:</p> <ul style="list-style-type: none"> <li>a. Actually evacuate clients during at least one drill each year on each shift;</li> <li>b. Make special provisions for the evacuation of clients with physical disabilities;</li> <li>c. File a report and evaluation on each drill;</li> <li>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</li> <li>e. During fire drills, clients may be evacuated to a safe area in facilities certified</li> </ul>		<p>Results will be sent to Program Manager for follow up. These reports will be kept on site for future reference. Program Manager will complete monthly checks to ensure the sprinkler system remains in good working order.</p> <p>PERSONS RESPONSIBLE: Program Manager, Quality Assurance</p> <p>DATE TO BE COMPLETED: 6/15/2021</p>	

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	<p>under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 05/20/21 at 12:24 p.m. with the Area Supervisor present, four of four, first shift (day) fire drills performed during the past twelve months were held between 7:00 a.m. and 8:00 a.m., furthermore, four of four, third shift (night) fire drills performed during the past twelve months were held between 3:00 a.m. and 4:23 a.m. Based on interview at the time of record review the Area Supervisor acknowledged the times the first and third shift fire drills were not varied enough.</p> <p>This finding was reviewed with the Area Supervisor at the exit conference.</p>	K S712	<p>ISSUE: Based on review of the facility's fire drill reports on 05/20/21 at 12:24 p.m. with the Area Supervisor present, four of four, first shift (day) fire drills performed during the past twelve months were held between 7:00 a.m. and 8:00 a.m., furthermore, four of four, third shift (night) fire drills performed during the past twelve months were held between 3:00 a.m. and 4:23 a.m. Based on interview at the time of record review the Area Supervisor acknowledged the times the first and third shift fire drills were not varied enough.</p> <p>PLAN OF CORRECTION: Due to the drills not being varied enough, the Area Supervisor will hold a staff meeting where an inservice training will be conducted on following proper drill times and protocols they entail. Attached is the drill form they will be inserviced on. For the future, Area Supervisor will be responsible to oversee the drills and the times the drills are conducted to follow the drill schedule. Program Manager will review drills, Residential Manager will keep record of these drills on site, in</p>	06/15/2021

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			drill book.  PERSONS RESPONSIBLE: Residential Manager, Area Supervisor, Program Manager  DATE TO BE COMPLETED: 6/15/2021		