

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

PRINTED: 01/14/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 12/20/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150
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(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
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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 12/20/24 Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310 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 The facility has 8 certified beds, with a current census of 8. Quality Review completed on 12/27/24	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 12/20/24 Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310 At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tracy E Callahan	Program Manager	01/13/2025

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.

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K S222 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 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, furthermore, there is heat detection in the attic connected to the fire alarm system. The facility has a capacity of 8 and had a census of 8 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 1.85.</p> <p>Quality Review completed on 12/27/24</p> <p>NFPA 101 Egress Doors</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 4 exterior exit doors were provided with only one latching mechanism to release the door and open. 33.2.2.5.7 refers to 7.2.1.5.10 which states a latch or other fastening device on a door leaf shall be provided with a releasing device that has an obvious method of operation and that is readily operated under all lighting conditions. 7.2.1.5.10.4 states the releasing mechanism shall open the door leaf with not more than one releasing operation. 7.2.1.5.10.1 states the releasing mechanism for any latch shall be located not less than 34 inches, and not more than 48 inches, above the finished floor. This deficient practice could affect all occupants in the</p>	K S222	<p>CNN/Provider Number: 15G127 AIM Number: 100234310 Facility Number: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: December 20, 2024 Survey Event ID C61U21 1031 West Street, New Albany, IN</p>	01/19/2025

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K S351 Bldg. 01	<p>facility.</p> <p>Findings include:</p> <p>Based on observation and interview with the Direct Support Lead on 12/20/21 between 9:50 a.m. and 10:20 a.m., the entrance/exit doors (1) in the Office and (2) the back door to the parking area - each were equipped with two latching devices, a regular door handle with a turn knob and a separate sliding bolt action lock electronically actuated with a touch key pad.</p> <p>This was acknowledged by the Direct Support Lead at the time of observation and again at the exit conference.</p> <p>NFPA 101 Sprinkler System - Installation</p> <p>Based on observation and interview, the facility failed to ensure the installation of the sprinkler system met the requirements of NFPA 13. NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition; Section 6.2.9.1 states a supply of at least six spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview with the Direct Support Lead on 12/20/21 between 9:50 a.m. and 10:20 a.m., the spare sprinkler box in the riser closet did not contain 6 spare sprinkler heads.</p>	K S351	<p>K0222 EGRESS DOORS CFR(s): NFPA101</p> <p>Maintenance will remove the extra latch on the exit door in the office.</p> <p>Maintenance will remove the extra latch on the exit door going into the back parking lot.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP</p> <p>Date of Completion: January 19, 2025</p> <p>CNN/Provider Number: 15G127 AIM Number: 100234310 Facility Number: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: December 20, 2024 Survey Event ID C61U21 1031 West Street, New Albany, IN</p> <p>K0351 SPRINKLER SYSTEM INSTALLATION CFR(S): NFPA</p>	01/19/2025

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K S363 Bldg. 01	<p>Based on interview at the time of observation, the Direct Support Lead confirmed the box only contained 4 spare sprinkler heads.</p> <p>This was acknowledged by the Direct Support Lead at the time of observation and again at the exit conference.</p> <p>NFPA 101 Corridor - Doors</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sleeping corridor was provided with a door which would self-close and latch securely in the door frame. This deficient practice could affect 6 clients.</p> <p>Findings include:</p> <p>Based on observation and interview with the Direct Support Lead on 12/20/21 between 9:50 a.m. and 10:20 a.m., the door separating the living area from the sleeping area corridor, on the first floor, equipped with a self-closing device and held open with a magnetic release integrated into the homes fire alarm system, failed to close and latch positively into the door frame.</p>	K S363	<p>101</p> <p>Maintenance will contact Koorsen and order the sprinkler heads that are needed.</p> <p>Maintenance will ensure that the sprinkler heads are placed in the riser closet when they are delivered.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP</p> <p>Date of Completion: January 19, 2025</p> <p>CNN/Provider Number: 15G127 AIM Number: 100234310 Facility Number: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: December 20, 2024 Survey Event ID C61U21 1031 West Street, New Albany, IN</p> <p>K0363 COORIDOR DOORS CFR(S): NFPA101</p>	01/19/2025	

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K S511 Bldg. 01	<p>This finding was acknowledged by the Direct Support Lead at the time of discovery and again at the exit conference with the Direct Support Lead present.</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 flexible cords was not used as a substitute for fixed wiring according to 33.2.5.1. LSC 33.2.5.1 states utilities shall comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview with the Direct Support Lead on 12/20/21 between 9:50 a.m.</p>	K S511	<p>Maintenance will ensure that the jam to the door separating the living area to the sleeping area is repaired allowing the door to close properly.</p> <p>Program Manager will follow up to ensure the repairs are completed.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP</p> <p>Date of Completion: January 19, 2025</p> <p>CNN/Provider Number: 15G127 AIM Number: 100234310 Facility Number: 000664</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: December 20, 2024 Survey Event ID C61U21 1031 West Street, New Albany, IN</p> <p>K0511 UTILITIES GAS AND</p>	01/19/2025

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	<p>and 10:20 a.m., in (1) sleeping room #4 on the second floor, three power strips were daisy chained together. An 8-gang multi plug adaptor was plugged into the third power strip powering several devices. Also, multi plug adaptors were in use in the following locations:</p> <p>(2) Second Floor bedroom #7. (3) Downstairs living room. (4) Sleeping room # 2.</p> <p>This was acknowledged by the Direct Support Lead at the time of observation and again at the exit conference.</p>		<p>ELECTRIC CFR(s): NFPA101 Area Supervisor and the Program Manager will ensure that each room is equipped with only 1 surge protectors. Area Supervisor and the Program Manager will ensure that all multi plug adapters are removed from the home.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP</p> <p>Date of Completion: January 19, 2025</p>		