

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

PRINTED: 12/04/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G745		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 11/09/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 11/09/20</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>At this Emergency Preparedness survey, Res Care 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 4 certified beds. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 11/16/20</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: 11/09/20</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>At this Life Safety Code survey, Res Care SE IN was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart</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 disclosable 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. 01	<p>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 determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and all client sleeping rooms. The facility has a capacity of 4 and had a census of 4 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 0.16.</p> <p>Quality Review completed on 11/16/20</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>1. Based on observation and interview, the facility failed to ensure 2 of 2 interior emergency light were tested, maintained, and the records of the testing maintained. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to be conducted as follows:</p>			K S100	<p>1.The Facility will ensure interior emergency lights are tested, maintained, and records of testing are maintained.</p> <p>2.The Facility will ensure interior emergency lights are tested at a minimum of 3 weeks and a maximum of 5 weeks for no less than 30 seconds, records of test will be maintained by the facility.</p>		12/02/2020

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	<p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction.</p> <p>This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations on 11/09/20 between 10:00 a.m. and 11:45 a.m. during a tour of the facility with the Program Manager, the facility had two battery powered emergency light units. Based on record review between 10:00 a.m. and 11:45 a.m., there was no documentation to show the battery powered emergency lights were tested for 30 seconds monthly during June, July, August, September, October and so far through November of 2020. Based on interview at the time of record review and observations, the Program Manager said there was no further documentation to show a 30 second monthly test during the previously mentioned months of 2020.</p> <p>This finding was reviewed with the Program Manager at the exit conference.</p> <p>2. Based on observation and interview, the facility failed to inspect 2 of 2 portable fire</p>				<p>3. The facility will ensure a functional test is conducted annually for a minimum of 1 ½ hour for all battery powered interior emergency lights, records of the test will be maintained by the facility.</p> <p>4. ResCare Maintenance will conduct monthly inspections of all facility fire extinguishers and monthly 30 second function test of emergency lighting. Documented test dates will be kept onsite and with maintenance manager for review.</p> <p>5. The Program Manager met with ResCare Maintenance Manager to ensure monthly checks are being performed.</p> <p>6. The Area Supervisor will conduct monthly checks to ensure monthly inspections are being complete by RESCARE Maintenance if a deficiency is discovered the Area Supervisor will contact 844-RESCARE to immediately schedule.</p> <p>Persons Responsible: ResCare Maintenance Manager, Program Manager, Area Supervisor, and Residential Manager.</p>		

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	<p>extinguishers each month. NFPA 10, Standard for Portable Fire Extinguishers, Section 7.2.1.2 states fire extinguishers shall be inspected either manually or by means of an electronic device/system at a minimum of 30-day intervals. Section 7.2.2 states periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items:</p> <ul style="list-style-type: none"> (1) Location in designated place (2) No obstruction to access or visibility (3) Pressure gauge reading or indicator in the operable range or position (4) Fullness determined by weighing or hefting for self expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks (5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers (6) Indicator for nonrechargeable extinguishers using push to-test pressure indicators. <p>Section 7.2.4.1 states personnel making manual inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action. Section 7.2.4.3 requires where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded. Section 7.2.4.4 requires 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. Section 7.2.4.5 requires records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect all clients as well as staff and visitors.</p> <p>Findings include:</p>						

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K S321 Bldg. 01	<p>Based on observations on 11/09/20 between 10:00 a.m. and 11:45 a.m. during a tour of the facility with the Program Manager, the two fire extinguishers were not inspected monthly in June, July, and August of 2020 according to the inspection tags attached to the fire extinguishers. Based on interview at the time of observations, the Program Manager said the fire extinguishers are inspected on a monthly basis, but agreed the two fire extinguishers were not inspected monthly according to the inspection tags attached to the fire extinguishers during June, July, and August of 2020.</p> <p>This finding was reviewed with the Program Manager at the exit conference.</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means:</p> <ol style="list-style-type: none"> 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the</p>						

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	<p>following:</p> <p>1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 1 3/4 inch (4.4 cm) thick, solid-bonded wood core construction.</p> <p>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</p> <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 hazardous area was provided with a self-closing device on the door. Section 33.2.3.2.1 states hazardous areas include any space where there is storage or activity having fuel conditions exceeding those of a one- or two-family dwelling and that possesses the potential for a fully involved fire shall be protected in accordance with 33.2.3.2.4 and 33.2.3.2.5. Section 33.2.3.2.2 states spaces requiring protection in accordance with 33.2.3.2.1 shall include, but shall not be limited to, areas for cartoned storage, food or household maintenance items in wholesale or institutional-type quantities and concentrations, or mass storage of residents belongings. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/09/20 at 10:05 a.m.</p>			K S321	<p>1.The maintenance coordinator will installed a self-closing device on the door leading from the south short hall to the garage on November 17, 2020.</p> <p>2.The Area Supervisor will train staff to dispose of hazardous materials in the garage area.</p> <p>3.The garage area has been cleaned removing cardboard boxes, old furniture, and clothing.</p> <p>Persons Responsible: Program Manager, Maintenance Manager, Area Supervisor, Residential Manager, DSP</p>		12/02/2020

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K S353 Bldg. 01	<p>during a tour of the facility with the Program Manager, the door to the garage from the south short hall was not provided with a self closing device. The garage had many combustible items, including cardboard boxes, plastic totes, clothing, old furniture, and other loose items. Based on interview at the time of observation, the Program Manager acknowledged the lack of a self closing device on the door to the house from the garage.</p> <p>This finding was reviewed with the Program Manager at 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: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71).</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.) 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 gauge and control valve 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 11/09/20 between 10:00 a.m. and 11:45 a.m. with the Program Manager present, there was no documentation the sprinkler gauge and control valve had been inspected on a monthly basis during June, July, August, September, October, and so far during November of 2020. Based on interview at the time of record review, the Program Manager acknowledged the lack of wet sprinkler gauge and control valve inspection documentation on a monthly basis</p>			K S353	<p>1.The Program Manager will ensure monthly sprinkler gauge inspections and monthly control valve inspections are conducted by the ResCare maintenance coordinator, documentation will be maintained on site and a copy kept with ResCare Maintenance Manager.</p> <p>2.The program manager will conduct random monthly inspections to ensure monthly and quarterly inspections are being preformed as required.</p> <p>Persons Responsible: Program Manager, Maintenance Manager, Area Supervisor, Residential Manager</p>		12/02/2020

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K S712 Bldg. 01	<p>during the previously mentioned months of 2020.</p> <p>This finding was reviewed with the Program Manager 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"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. <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.</p> <p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 3 of 3 shifts during 3 of 4 quarters during the past 12 months. This deficient practice could affect all clients.</p>			K S712	<p>1.All staff at the Facility will be re-trained on conducting fire drills quarterly on all shifts. The Residential Manager will review all drills to ensure all required drills</p>		12/02/2020

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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126			
(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
	<p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 11/09/20 between 10:00 a.m. and 11:45 a.m. with the Program Manager present, there were no fire drill reports available for the following shifts and quarters:</p> <p>a. First shift (day) of the first quarter (January, February, and March) of 2020</p> <p>b. Second shift (evening) of the fourth quarter (October, November, and December) of 2019, and first quarter (January, February, and March), and third quarter (July, August, and November) of 2020</p> <p>c. Third shift (night) of the the fourth quarter (October, November, and December) of 2019, and first quarter (January, February, and March) of 2020</p> <p>Based on interview at the time of record review, the Program Manager confirmed the lack of fire drills during all three shifts of the previously mentioned quarters of 2019 and 2020.</p> <p>This finding was reviewed with the Program Manager at the exit conference.</p>				<p>area conducted. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>1.The Area Supervisor will visit the home at least monthly to ensure the drills are in the home and up to date.</p> <p>1.The Residential Manager will submit monthly drills to the QA Department upon completion. The QA Department will notify the Area Manager and Program manager if the facility has not performed monthly drills as required.</p> <p>1.The Area supervisor will ensure drills are completed as required.</p> <p>1.The program manager will conduct random monthly inspections to ensure drills are being completed as required.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, DSP</p>		