STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G256	A. BUILDING 01 B. WING	03/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RESIDENTIAL CRF INC	6155 W 800 N FOUNTAINTOWN, IN 46130

(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
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 02/08/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 03/18/21 Facility Number: 000776 Provider Number: 15G256 AIM Number: 100243510 At this PSR survey, Residential CRF, Inc. was found not in 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. This one story building was determined to be nonsprinklered. The facility has a fire alarm system with heat detection in the attic; smoke detection in corridors and all living areas. The facility has a battery operated smoke detector installed in the staff bedroom. The facility has a capacity of 6 and had a census of 6 at the time of this survey. 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 0.1. Quality Review completed on 03/23/21	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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K S253 Bldg. 01	NFPA 101 Number of Exits - Patient Sleeping and Non-Sl Number of Exits - Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Prompt) Every sleeping room and living area shall have access to a primary means of escape located to provide a safe path of travel to the outside. Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape shall be an interior stair in accordance with 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. In addition to the primary route, each sleeping room shall have a second means of escape that consists of one of the following: 1. It shall be a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape. 2. It shall be a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape. 3. It shall be an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 square feet. The width shall be not less than 20 inches. The height shall be not less than 24 inches. The bottom of the opening shall be not more than 44 inches above the floor. Such means of escape shall be acceptable where one of the following criteria are met: a. The window shall be within 20 feet of finished ground level. b. The window shall be directly			

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	accessible to fire department rescue apparatus as approved by the authority having jurisdiction. c. The window or door shall open onto an exterior balcony. 4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria: a. The window well allows the window to be fully openable. b. The window is not less than 9 square feet with a length and width of not less than 36 inches. c. Window well deeper than 43 inches has an approved, permanently affixed ladder or steps complying with the following: 1. The ladder or steps do not extend more than 6 inches into the well. 2. The ladder or steps are not obstructed by the window. 5. If the sleeping room has a door leading directly to the outside of the building with access to finished ground level or to a stairway that meets the requirements of exterior stairs in 33.2.2.2.2, that means of escape shall be considered as meeting all the escape requirements for the sleeping room. a. A second means of escape from each sleeping room shall not be required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5. b. Existing approved means of escape shall be permitted to continue to be used. 33.2.2.2.1, 33.2.2.2, 33.2.2.3.1 through 33.2.2.3.4 Based on observation and interview, the facility failed to ensure 1 of 3 client sleeping rooms was	K S253	The window in the northwest client bedroom was scheduled to be	04/17/2021

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	provided with a secondary means of escape in accordance with 33.2.2.3. LSC Section 33.2.2.3 requires a secondary egress from each sleeping room with multiple provisions. This deficient practice could affect at least 2 clients. Findings include: Based on observations with the Supervisor during a tour of the facility from 12:40 p.m. to 1:00 p.m. on 03/18/21, the northwest bedroom had one window. The horizontal sliding window pane for the window measured 18 inches wide by 41 inches high when in the fully opened position. The measurements were made with a measuring tape. The clear opening was calculated to be 5.1 square feet when in the fully open position. Based on interview at the time of the observations, the Supervisor agreed the aforementioned secondary means of egress did not provide a clear opening of not less than 20 inches wide and did not provide a clear opening of not less than 5.7 square feet with the window in the fully open position. This finding was reviewed with the Supervisor during the exit conference. This deficiency was cited on 02/08/21. The facility failed to implement a systemic plan of correction to prevent recurrence.		replaced by maintenance by March 10th. This deficiency was not corrected in a timely manner. Maintenance is installing a new window in the bedroom which will open properly to meet standards. Responsible: Supervisor, Maintenance	
K S345 Bldg. 01	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70,			

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	National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review, observation and interview; the facility failed to ensure all fire alarm system initiating devices were inspected and tested in accordance with the schedules for inspection and testing frequencies in NFPA 72. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6, unless the provisions of 33.2.3.4.1.1 or 33.2.3.4.1.2 are met. LSC Section 9.6.1.3 states a fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electric Code and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition, Table 14.3.1 at 9(f) states heat detectors shall be visually inspected semiannually. NFPA 72, 2010 Edition, Section 14.4.5 states testing shall be performed in accordance with the schedules in Table 14.4.5. Initial/Reacceptance testing shall be performed at the time of installation. Table 14.4.5 at 15(e) states the requirements of 14.4.5.5 shall apply to heat detectors. Section 14.4.5.5 states restorable fixed-temperature, spot-type heat detectors shall be tested in accordance with 14.4.5.5.1 through 14.4.5.5.4. Two or more detectors shall be tested on each initiating circuit annually. Different detectors shall be tested each year. NFPA 72, 2010 Edition, Table 14.4.2.2 at 14(d)(2) states fixed-temperature, nonrestorable line type heat detectors functionality shall be tested mechanically and electrically. Loop resistance shall be measured and recorded. Changes from acceptance test shall be investigated. Records shall be kept by the building owner specifying which detectors have	K S345	Koorsen has been contacted concerning test reports for the attic heat detector. The semi-annual inspection report for the heat detector will be made available at future life safety reviews. Koorsen will assure that the proper information concerning the inspection is properly reflected on the inspection report. Responsible: Supervisor, house Manager	04/17/2021

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	been tested. Within 5 years, each detector shall have been tested. This deficient practice could affect all clients, staff, and visitors. Findings include: Based on review the fire alarm system inspection contractor's "Inspection & Test Report" documentation with the Administrator during record review from 1:10 p.m. to 2:40 p.m. on 02/08/21, one heat detector in the facility was visually inspected 10/09/20 during the most recent twelve month period. The location of the heat detector was in the attic. Based on interview at the time of record review, the Administrator agreed annual testing and semiannual visual inspection documentation for attic heat detector and testing documentation for the attic heat detector within the most recent twelve month period was not available for review. Based on observations with the Administrator during a tour of the facility from 2:40 p.m. to 3:20 p.m. on 02/08/21, it could not be determined if the attic had heat detection due to the step ladder which was provided was not high enough to provide attic access. Based on observations with the Supervisor during a tour of the facility from 12:40 p.m. to 1:00 p.m. on 03/18/21, it still could not be determined if the attic had heat detection due to no ladder being available to provide attic access. Based on interview at the time of the observations, the Supervisor stated annual testing and semiannual visual inspection documentation for the attic heat detector and testing documentation for the attic heat detector within the most recent twelve month period was still not available for review. This finding was reviewed with the Supervisor at			

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	the exit conference. This deficiency was cited on 02/08/21. The facility failed to implement a systemic plan of correction to prevent recurrence.			
K S347 Bldg. 01	NFPA 101 Smoke Detection Smoke Alarms 2012 EXISTING (Prompt) Approved smoke alarms shall be provided in accordance with 9.6.2.10, unless either of the following exist: 1. Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system, or 2. Buildings are protected throughout by an approved automatic sprinkler system, in accordance with 33.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Smoke alarms shall be installed on all levels, including basement but excluding crawl spaces and unfinished attics. Additional smoke alarms shall be installed for living rooms, dens, day rooms, and similar spaces. These alarms shall be powered from the building electrical system and when activated, shall initiate an alarm that is			

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	audible in all sleeping areas. 33.2.3.4.3. Based on observation and interview, 3 of 3 client sleeping rooms and 1 of 1 staff sleeping rooms were not provided with an approved smoke alarm in accordance with LSC 9.6.2.10. This deficient practice could affect all clients, staff and visitors. Findings include: Based on observations with the Supervisor during a tour of the facility from 12:40 p.m. to 1:00 p.m. on 03/18/21, three client sleeping rooms and the one staff sleeping room on the west side of the building each did not have a smoke alarm installed in the room. Based on interview at the time of the observations, the Supervisor stated the facility was in the process of installing smoke detectors in the sleeping rooms and agreed each of the client sleeping rooms and the one staff sleeping room were not provided with a smoke alarm. This finding was reviewed with the Supervisor at the exit conference. This deficiency was cited on 02/08/21. The facility failed to implement a systemic plan of correction to prevent recurrence.	K S347	Koorsen has been contacted to install smoke alarms in all client and staff sleeping rooms. Supervisor will insure that the smoke alarm installation is completed by the April 17 due date. Staff will monitor operation during monthly drills and report immediately to supervisor if alarm system is not functioning properly, and corrective action will be taken. Responsible: Administrative staff, Supervisor, House staff	04/17/2021
K S362 Bldg. 01	NFPA 101 Corridors - Construction of Walls Corridors - Construction of Walls 2012 EXISTING (Prompt) Unless otherwise indicated below, corridor walls shall meet all of the following: * Walls separating sleeping rooms have a minimum 1/2-hour fire resistance rating, which is considered to be achieved if the partitioning is finished on both sides with lath and plaster or materials providing a 15-minute			

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	thermal barrier. * Sleeping room doors are substantial doors, such as those of 1-3/4 inch thick, solid-bonded wood-core construction or other construction of equal or greater stability and fire integrity. * Any vision panels are fixed fire window assemblies in accordance with 8.3.4 or are wired glass not exceeding 9 square feet each in area and installed in approved frames. This requirement shall not apply to corridor walls that are smoke partitions in accordance with 8.4 and that are protected by automatic sprinklers in accordance with 33.2.3.5 on both sides of the wall and door. In such instances, there shall be no limitation on the type or size of glass panels. In Prompt Evacuation facilities, all sleeping rooms shall be separated from the escape route by smoke partitions in accordance with 8.2.4. Sleeping arrangements that are not located in sleeping rooms shall be permitted for nonresident staff members, provided that the audibility of the alarm in the sleeping area is sufficient to awaken staff that might be sleeping. In previously approved facilities, where the group achieves an E-score of three or less using the board and care methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety, sleeping rooms shall be separated from escape routes by walls and doors that are smoke resistant. 33.2.3.6			
	Based on observation and interview, the facility failed to ensure corridor walls in 1 of 2 smoke compartments were smoke resistant. This deficient practice could affect all clients, staff and visitors.	K S362	The 4" square hole in the wall behind the washer will be repaired so as not to allow passage of smoke into the corridor wall. The supervisor will ensure that walls	04/17/2021

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	Findings include: Based on observations with the Supervisor during a tour of the facility from 12:40 p.m. to 1:00 p.m. on 03/18/21, a four inch square hole was noted in the wall by the washing machine in the laundry. Based on interview at the time of the observations, the Supervisor agreed the aforementioned opening in the corridor wall would not resist the passage of smoke. This finding was reviewed with the Supervisor at the exit conference. This deficiency was cited on 02/08/21. The facility failed to implement a systemic plan of correction to prevent recurrence.		remain in good repair with monthly QA inspections and that house staff immediately report any further holes in the walls to maintenance immediately for repair. Responsible: Supervisor, House staff, Maintenance	