

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/29/2024
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL DR JEFFERSONVILLE, IN 47130
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K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the Post Survey Revisit conducted on 06/06/2024 to the Life Safety Code Recertification Survey conducted on 12/20/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/29/2024</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>At this PSR survey, Res Care Community Alternatives SE IN 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.</p> <p>This one story building with a basement was non sprinklered. The facility has a fire alarm system with smoke detection on all levels, in corridors, and in all living areas. The facility has battery operated smoke detectors installed in all client sleeping rooms. 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 Prompt with an E-Score of 1.3.</p> <p>Quality Review completed on 08/29/24</p>	K 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Mark Slaughter	TITLE  AED	(X6) DATE  09/16/2024
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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 S253  Bldg. 01	<p><b>NFPA 101</b> <b>Number of Exits - Patient Sleeping and Non-SI</b> Based on observation, record review and interview, the facility failed to ensure 3 of 5 client sleeping rooms were provided with a secondary means of escape with a clear opening of at least 5.7 square feet 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 3 clients.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Manager during a tour of the facility on 08/29/2024 between 10:00 AM and 10:15 AM., the one window in the Bedroom #1 opened to a height of 24 5/8 inches and a width of 32 inches for a minimum clear width of 5.4 square feet. The one window in Bedroom #2 opened to a height of 24.5 inches and a width of 32 inches for a minimum clear width of 5.4 square feet. The one window in Bedroom #3 opened to a height of 22.25 inches and a width of 34 inches for a minimum clear width of 5.2 square feet. Each window served as the secondary means of egress for the room.</p> <p>Based on review of the 06/06/24, KMB622 Plan of Correction (POC) it was indicated for K253, "Bedroom window 1,2, and 3 will be replaced to ensure an approved means of escape" and "The contractor has been selected. Capitol Expense Request has been completed. Windows are on order from Menards with an expected delivery date is July 25th. Installation will be complete 14 days after delivery of windows."</p> <p>Based on interview at the time of observation, the Maintenance Manager indicated the windows</p>	K S253	<p><b>K0253: Number of Exits -Patient Sleeping and Non-Sleeping Rooms.</b></p> <p>1. The administrator will ensure client sleeping rooms maintain a secondary escape with multiple provisions including windows providing a clear with of eleven inches when open and an unobstructed secondary means of escape in accordance with 33.2.2.3.</p> <p>2. The Program Director will schedule repair/replacement of the window with the ResCare maintenance coordinator. The ResCare maintenance coordinator will inspect all windows to ensure they meet all criteria for means of escape. The facility manager will ensure secondary means of escape are not blocked with furniture.</p> <p>3. Bedroom window 1,2, and 3 will be replaced to ensure an approved means of escape. Competitive bids</p> <p>4. The facility will perform function check of windows during monthly drills to ensure windows are operating properly and report any defect through the maintenance request form when discovered.</p> <p><del>5. The contractor has been selected Capitol Expense Request has been complete windows are</del></p>	10/14/2024	

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	<p>have not been replaced and he removed a piece on the windows in Bedrooms #1 &amp; 2 to gain 0.75 inches of opening space and no changes have been made to the window in Bedroom #3. All measurements were taken with a measuring tape.</p> <p>This finding was reviewed with the Maintenance Manager at the exit conference.</p> <p>This deficiency was cited on 12/20/23 and 06/06/2024. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p><del>on order from Menards expected delivery date is July 25th installation will be complete 14 days after delivery of windows.</del></p> <p>6. Due to an issue window had to be reordered' This order was placed on 8/29/2024 (1) window has been delivered and installation will be complete no later than 9/27/2024. Remaining widow expected delivery date is October 4, 2024. Upon delivery window will be installed no later than October 11, 2024.</p> <p>7. Any delays will be reported to the Associate Executive Director Mark Slaughter.</p> <p>8. The AED met with contractor C&amp;S Contracting at the site, the AED and Contractor verified measurements on 9/13/2024.</p> <p>9. The contractor and the AED discussed any issues that could delay the installation, and a plan has been developed that will give full access for installation as soon as windows are delivered from the supplier.</p> <p><del>10. Program Manager will verify installation and report any issues to the AED.</del></p> <p>11. The AED will verify installation upon completion.</p> <p>Persons Responsible: AED, C&amp;S Contracting, Program Manager, Area Supervisor, Residential Manager, Maintenance Manager</p>	