

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

PRINTED: 02/07/2020
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 01/08/2020	
NAME OF PROVIDER OR SUPPLIER RES-CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135			
(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 State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 01/08/20</p> <p>Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570</p> <p>At this Emergency Preparedness survey Res-Care Inc., 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 20 certified beds. All 20 beds are certified for Medicaid. At the time of the survey, the census was 20.</p> <p>Quality Review completed on 01/13/20</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/08/20</p> <p>Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570</p> <p>At this Life Safety Code survey, Res-Care Inc. was found not in compliance with Requirements</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 S345 Bldg. 01	<p>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 and with 410 IAC 9, Community Residential Facilities for Persons with Developmental Disabilities.</p> <p>This one story facility with a partial basement was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels including client sleeping rooms, corridors and common living areas. The facility has the capacity for 20 and had a census of 20 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.48.</p> <p>Quality Review completed on 01/13/20</p> <p>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, 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 and interview, the facility failed to ensure 34 of 34 smoke detectors, tested</p>			K S345	K0345 Fire Alarm System - Testing and Maintenance-A fire		01/16/2020

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K S712 Bldg. 01	<p>by a qualified service technician, were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1.1 refers to NFPA 72, National Fire Alarm Code at 14.4.5.3.1 states sensitivity shall be checked within 1 year of installation, and 14.4.5.3.2 sensitivity shall be checked every alternate year thereafter. This deficient practice could affect all occupants in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Tech on 01/08/20 at 11:41 a.m., a smoke detector sensitivity test could not be located for review. Based interview at the time of records review, the Maintenance Tech acknowledged that there was no documentation to show a sensitivity test was conducted in the past two years available for review at the time of this survey.</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> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p>				<p>alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>The facility fire alarm system was inspected on 1/16/2020 at 11:30 AM by a qualified service technician from Koorsen Fire and Security. The Inspection included sensitivity and detection of 34 of 34 smoke detectors with listed and marked sensitivity ranges. The sensitivity test inspection will be included every alternate year here after. See attached Koorsen Fire and Security Inspection and Test Report.</p> <p>Date of Completion: 1/16/2020 Persons Responsible: Executive Director and Program Manager</p>		

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	<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. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills for 4 of 4 quarters in accordance with 33.7.2.1 and 33.7.2.2. LSC 33.7.2.1 states that all residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire. LSC 33.7.2.2 states that the training required by 32.7.2.1 shall include actions to be taken if the primary escape route is blocked. This deficient practice affects all staff and clients within the facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Tech on 01/08/20 at 11:34 a.m., documentation of the following fire drills were not available for record review:</p> <ul style="list-style-type: none"> 1) A first quarter (January, February, and March) of 2019 first, second, or third shift fire drill. 2) A second quarter (April, May, and June) of 2019 second shift fire drill. 3) A third quarter (July, August, September) of 			K S712	<p>K0712 Fire Drills 1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions.</p> <p>The Program Manager and Resident Managers have been re-trained on requirements for Fire Drills per NFPA 101 Fire Drills guidelines. All Residents had the potential to be affected. The Program Manager and Resident Managers have been retrained on documenting monthly fire drills, ensuring transmission of signal to the monitoring company/fire department. The Executive Director and Program Manager or designee will review fire drill</p>		01/16/2020

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	<p>2019 first shift fire drill</p> <p>4) A fourth quarter (October, November, and December) of 2019 first shift fire drill.</p> <p>Based on interview at the time of record review, the Maintenance Tech acknowledged that the documentation of fire drills conducted on the aforementioned times and shifts were not available for review as of the time of this survey.</p>				<p>documentation monthly to ensure compliance. Results of the Monthly Fire Drills will be reviewed at weekly Administration Team Meetings to ensure compliance and appropriate documentation and transmission of the fire alarm signal to the monitoring company/fire department. Any concerns will be corrected and reviewed by the Executive Director and Program Manager or Designee.</p> <p>Koorsen Fire & Security will replace (2) 12 volt 12 Ah batteries in the fire alarm control panel found during recent inspection. KFS will replace loose electrical box behind pull station and remount found during recent inspection.</p> <p>Date of Completion: 1.16.2020 Person Responsible: Executive Director, Program Manager and Resident Managers.</p>		