

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G184		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  01/17/2023	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 1818 H ST BEDFORD, IN 47421			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 12/5/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/17/23</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>At this PSR Life Safety Code 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 two-story facility with a basement was not sprinkled. This facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas, basement and hard-wired smoke detectors 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 0.6.</p> <p>Quality Review completed on 01/23/23</p>	K 0000					
K S211	NFPA 101 Means of Egress - General						

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 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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Bldg. 01	<p>Means of Escape - General 2012 EXISTING Designated means of escape shall be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency.</p> <p>33.2.2 Based on observation and interview, the facility failed to maintain 1 of 1 designated means of egress be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with Residential Manager on 01/17/23 between 9:15 a.m. and 10:45 a.m., the covered porch near the front door was under construction, concrete debris was impeding the path of egress from the front door of the facility. The RM stated that they were coming to fix this today.</p> <p>This finding was acknowledged at the time of discovery and again at the exit conference with the Residential Manager present.</p> <p>This deficiency was cited on 12/05/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	K S211	As of 2-3-23 the project remains incomplete. ResCare has contracted with a cement company who has been fully paid to complete the work. There have been delays due to product shortage and inclement weather. The company is in contact with ResCare's AED weekly regarding scheduling and completion of the project. Immediate correction is completed by a safe and clear path allowing egress pending completion of the project. ResCare will continue to update IDOH every 30 days until the project is fully completed.	02/17/2023	
K S253 Bldg. 01	<p>NFPA 101 Number of Exits - Patient Sleeping and Non-SI 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</p>				

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	<p>outside.</p> <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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: <ol style="list-style-type: none"> <li>a. The window shall be within 20 feet of finished ground level.</li> <li>b. The window shall be directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</li> <li>c. The window or door shall open onto an exterior balcony.</li> </ol> </li> <li>4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria:</li> </ol>			

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	<p>a. The window well allows the window to be fully openable.</p> <p>b. The window is not less than 9 square feet with a length and width of not less than 36 inches.</p> <p>c. Window well deeper than 43 inches has an approved, permanently affixed ladder or steps complying with the following:</p> <ol style="list-style-type: none"> <li>1. The ladder or steps do not extend more than 6 inches into the well.</li> <li>2. The ladder or steps are not obstructed by the window.</li> <li>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.               <ol style="list-style-type: none"> <li>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.</li> <li>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</li> </ol> </li> </ol> <p>Based on observation and interview, the facility failed to ensure 1 of 5 clients sleeping rooms was provided with a secondary means of escape in accordance with 33.2.2.3. LSC 33.2.2.3 requires a secondary egress from each sleeping room with multiple provisions. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility</p>	K S253	To correct the deficient practice the room has been rearranged for the means of egress to be clear from blockage as of 2-1-23. All staff have been re-trained ensuring no means of egress is obstructed. As well as trained on ensuring all POC items are completed and addressed timely. Ongoing monitoring will be achieved by the site lead, and QIDP completing an	02/17/2023

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	<p>with Residential Manager on 01/17/23 between 9:15 a.m. and 10:45 a.m., the windows in the downstairs kitchen bedroom was obstructed blocking access to the secondary means of escape in the client sleeping room. The RM stated that the facility recently discovered a bedbug infestation and that they were evacuating that afternoon and that once the bedbug issue was treated, they would re-arrange the sleeping room to clear the windows.</p> <p>This finding was acknowledged at the time of discovery and again at the exit conference with the Residential Manager present.</p> <p>This deficiency was cited on 12/05/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		LSC checklist to ensure all LSC requirements are met.		