

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 12/15/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3011 APACHE DR JEFFERSONVILLE, IN 47130
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E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 08/03/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 12/15/2021</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>At this PSR to the Emergency Preparedness survey, Res Care Community Alternatives 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 8 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 12/16/21</p>	E 0000		
K 0000 Bldg. 03	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/03/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 12/15/2021</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 S347 Bldg. 03	<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 two-story building was determined to be fully sprinklered. Each story of the building has an exterior door at grade serving as the primary means of escape. The construction type was found to be V(000). The facility has a fire alarm system with smoke detection in corridors and all living areas. The attic of the facility is not used for living space, storage, or fuel-fired equipment. The attic is protected by heat detector(s) connected to the fire alarm control panel. The facility has a capacity of 8 and had a census of 7 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 0.9.</p> <p>Quality Review completed on 12/16/21</p> <p>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</p>						

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	<p>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</p> <p>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.</p> <p>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 audible in all sleeping areas.</p> <p>33.2.3.4.3.</p> <p>Based on observation and interview, the facility failed to ensure smoke alarms shall be installed in 1 of 6 sleeping rooms. This deficient practice could affect all clients, staff and visitors. LSC section 33.2.3.4.3.1 Approved smoke alarms shall be provided in accordance with 9.6.2.10, unless otherwise indicated in 33.2.3.4.3.6 and 33.2.3.4.3.7. LSC section 9.6.2.10.1.2 The installation of smoke alarms in sleeping rooms shall be required where required by Chapters 11 through 43.</p> <p>Findings include:</p>	K S347	To correct the deficient practice ResCare will ensure the smoke detector is installed in the sleeping room. The service provider will be contacted to ensure the request is completed by 1-15-21. To prevent further systemic occurrences a maintenance log will be created to document all work orders submitted to the Maintenance agency and fire protection service providers. The area supervisor and program manager will review the log weekly	01/15/2022

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K S362 Bldg. 03	<p>Based on observation on 12/15/21 between 10:30 a.m. and 11:45 a.m. during a tour of the facility with the Residential Manager, no smoke alarm was found in the sleeping room which was formerly the garage. A heat detector was noted in the room. Based on interview at the time of observation, the Residential Manager agreed there was no smoke alarm in the sleeping room that was formerly the garage.</p> <p>This finding was reviewed with the Residential Manager during the exit conference.</p> <p>This deficiency was cited on 08/03/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>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 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</p>				<p>to ensure all work orders are followed up on. Ongoing supervision will be achieved through a monthly Life Safety code inspection completed by the area supervisor.</p>		

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	<p>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.</p> <p>In Prompt Evacuation facilities, all sleeping rooms shall be separated from the escape route by smoke partitions in accordance with 8.2.4.</p> <p>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.</p> <p>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.</p> <p>33.2.3.6</p> <p>Based on observation and interview, the facility failed to ensure 5 of 5 sleeping room doors were of substantial construction; 1 3/4 inches thick, solid bonded wood core construction or of other construction of equal or greater stability and fire integrity. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations on 12/15/21 between 10:30 a.m. and 11:45 a.m. during a tour of the facility with the Residential Manager, the 5 sleeping room doors were hollow core wood construction. Based on interview at the time of observations, the Residential Manager said the doors have not been replaced since the annual</p>	K S362	To correct the deficient practice ResCare will ensure the doors are replaced with appropriate doors per LSC. The maintenance agency will be contacted to ensure the request is completed by 1-15-21. To prevent further systemic occurrences a maintenance log will be created to document all work orders submitted to the Maintenance agency. The area supervisor and program manager will review the log weekly to ensure all work orders are followed up on. Ongoing supervision will be achieved	01/15/2022

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	<p>survey.</p> <p>This finding was reviewed with the Residential Manager during the exit conference.</p> <p>This deficiency was cited on 08/03/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>through a monthly Life Safety code inspection completed by the area supervisor.</p>		