| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 15G157 | A. BUILDING **03**<br>B. WING _____ | R<br>**02/08/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RES CARE COMMUNITY ALTERNATIVES SE IN** | **3011 APACHE DR**<br>**JEFFERSONVILLE, IN 47130** |

| (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 |
|---|---|---|---|---|
| {E 000} | Initial Comments | {E 000} | | |
| {K 000} | INITIAL COMMENTS<br><br>A Post Survey Revisit (PSR) to the PSR conducted on 12/15/21 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).<br><br>Survey Date: 02/08/22<br><br>Facility Number: 000693<br>Provider Number: 15G157<br>AIM Number: 100234510<br><br>At this PSR survey, Res Care Community Alternatives SE IN was found 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.<br><br>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 8 at the time of this survey. | {K 000} | | |

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 000} | Continued From page 1<br>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.<br><br>Quality Review completed on 02/10/22 | {K 000} | | |