

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

PRINTED: 05/15/2020
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G159		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 02/20/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 1337 E SOUTHVIEW LN PAOLI, IN 47454			
(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 483.73.</p> <p>Survey Date: 02/20/20</p> <p>Facility Number: 000695 Provider Number: 15G159 AIM Number: 100243150</p> <p>At this 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 483.73</p> <p>The facility has 7 certified beds, with a current census of 7.</p> <p>Quality Review completed on 02/26/20</p>			E 0000			
K 0000 Bldg. 02	<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: 02/20/20</p> <p>Facility Number: 000695 Provider Number: 15G159 AIM Number: 100243150</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in</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 S100 Bldg. 02	<p>compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) 2012 Edition, Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridor and common living areas. The facility has a capacity of 7 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 0.44.</p> <p>Quality Review completed on 02/26/20</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 interior emergency lights were tested, maintained, and the records of the testing maintained. LSC 33.1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems</p>			K S100	<p>ISSUE: Based on record review between 2:50 p.m. and 4:05 p.m., there was no documentation to show the battery powered emergency lights were tested for 30 seconds monthly during the past 12 months.</p>		03/31/2020

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K S222 Bldg. 02	<p>shall be permitted to be conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction.</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 02/20/20 between 2:50 p.m. and 4:05 p.m. during a tour of the facility with the Residential Manager, the facility had two battery powered emergency light units. Based on record review between 2:50 p.m. and 4:05 p.m., there was no documentation to show the battery powered emergency lights were tested for 30 seconds monthly during the past 12 months. Based on interview at the time of record review and observations, the Residential Manager confirmed there was no documentation available to show that the two battery powered emergency light units were tested for 30 second monthly during the past 12 months.</p> <p>NFPA 101 Egress Doors Egress Doors 2012 EXISTING (Prompt)</p>				<p>PLAN OF CORRECTION:</p> <p>Program Manager contacted KOORSEN on 3/9/2020 to retrieve the documentation of all inspections of the fire safety systems for 2019. Program Manager also requested all inspections for 2020. Koorsen inspections, per contract, occur monthly in the home. Once obtained, Area Supervisor will place in emergency binder for any inspections/surveys.</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Program Manager</p> <p>DATE TO BE COMPLETED: 3-21-2020</p>		

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	<p>Doors and paths of travel to a means of escape shall not be less than 28 inches. Bathroom doors shall not be less than 24 inches. Doors are swinging or sliding. Every closet door latch shall be readily opened from the inside in case of an emergency. Every bathroom door shall be designed to allow opening from the outside during an emergency when locked. No door in any means of escape shall be locked against egress when the building is occupied. Delayed egress locks complying with 7.2.1.6.1 shall be permitted on exterior doors only. Access-controlled egress locks complying with 7.2.1.6.2 shall be permitted. Forces to open doors shall comply with 7.2.1.4.5. Door-latching devices shall comply with 7.2.1.5.10. Corridor doors are provided with positive latching hardware, and roller latches are prohibited. Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.2.2.5.1 through 33.2.2.5.7, 33.7.7, 42 CFR 483.470(j)(1)(ii)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 7 closet doors could be readily opened from the inside. LSC 33.2.2.5.3 states every closet door latch shall be readily opened from the inside. This deficient practice could affect 1 client.</p> <p>Findings include:</p> <p>Based on observation on 02/20/20 at 3:00 p.m. during a tour of the facility with the Residential Manager, the closet door in client sleeping room #1 (first door on left in sleeping room hall) had a</p>			K S222	<p>ISSUE: Based on observation on 02/20/20 at 3:00 p.m. during a tour of the facility with the Residential Manager, the closet door in client sleeping room #1 (first door on left in sleeping room hall) had a locked padlock on the outside of the closet door.</p> <p>PLAN OF CORRECTION: Program Manager contacted ARAMARK (contracted maintenance company) to remove</p>		03/31/2020

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K S345 Bldg. 02	<p>locked padlock on the outside of the closet door. This was acknowledged by the Residential Manager at the time of observation.</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 maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Section 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually: a. Control unit trouble signals b. Remote annunciators</p>	K S345	<p>the padlock on the front of the door, and install a new lock/doorhandle that would be able to unlock from the inside, in case of need. Program Manager stressed this needs to be completed ASAP.</p> <p>PERSONS RESPONSIBLE: Program Manager</p> <p>DATE TO BE COMPLETED: 3/31/2020</p> <p>ISSUE: Based on record review on 02/20/20 between 2:50 p.m. and 4:05 p.m. with the Residential Manager present, no documentation could be provided regarding a visual semi-annual fire alarm system inspection during the past 12 months. The most recent documentation available for an annual fire alarm system inspection during the past 12 months was dated 02/05/20.</p>	03/31/2020	

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K S351 Bldg. 02	<p>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</p> <p>d. Notification appliances</p> <p>e. Magnetic hold-open devices</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 02/20/20 between 2:50 p.m. and 4:05 p.m. with the Residential Manager present, no documentation could be provided regarding a visual semi-annual fire alarm system inspection during the past 12 months, The most recent documentation available for an annual fire alarm system inspection during the past 12 months was dated 02/05/20, however, there were no other fire alarm system inspections available during the previous 12 month period. Based on interview at the time of record review, the Residential Manager acknowledged there was no documentation for a semi-annual visual fire alarm system test/inspection during the past 12 months available for review.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below. The adequacy of the water supply shall be documented. In Prompt Evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation</p>				<p>PLAN OF CORRECTION: Program Manager contacted KOORSEN on 3/9/2020 to retrieve the documentation of all inspections of the fire safety systems for 2019. Program Manager also requested all inspections for 2020. Koorsen inspections, per contract, occur monthly in the home. Once obtained, Area Supervisor will place in emergency binder for any inspections/surveys.</p> <p>PERSONS RESPONSIBLE: Program Manager, Area Supervisor</p> <p>DATE TO BE COMPLETED: 3/31/2020</p>		

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	<p>of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, shall be permitted. Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be permitted.</p> <p>Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6. Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <p>1. Protected by heat detection system to activate the fire alarm system</p>						

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	<p>according to 9.6.</p> <p>2. Protected by automatic sprinkler system according to 9.7.</p> <p>3. Constructed of noncombustible or limited-combustible construction; or</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703.</p> <p>33.2.3.5.3, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7</p> <p>Based on record review and interview, the facility could not ensure that the attic spaces were protected by one of the following:</p> <p>1. Protected by heat detection system to activate the fire alarm system according to LSC 9.6.</p> <p>2. Protected by automatic sprinkler system according to LSC 9.7.</p> <p>3. Constructed of noncombustible or limited-combustible construction; or</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703.</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>During record review on 02/20/20 between 2:50 p.m. and 4:05 p.m. with the Residential Manager present, the facility was unable to provide documentation which ensured the attic spaces were protected. The most recent fire alarm system inspection dated 02/05/20 did not include any information that heat detectors were provided in the attic spaces, furthermore, the most recent four quarterly sprinkler inspections did not include information that there was sprinkler coverage in the attic spaces. Based on interview at the time record review, the Residential Manager said she did not know if the attic space had heat detectors or sprinkler coverage.</p>			K S351	<p>ISSUE: During record review on 02/20/20 between 2:50 p.m. and 4:05 p.m. with the Residential Manager present, the facility was unable to provide documentation which ensured the attic spaces were protected. The most recent fire alarm system inspection dated 02/05/20 did not include any information that heat detectors were provided in the attic spaces, furthermore, the most recent four quarterly sprinkler inspections did not include information that there was sprinkler coverage in the attic spaces. Based on interview at the time record review, the Residential Manager said she did not know if the attic space had heat detectors or sprinkler coverage.</p> <p>PLAN OF CORRECTION: Program Manager contacted KOORSEN to come to the home and inspect the attic spaces for protection on 3/9/2020 and followed up on 3/16/2020. Koorsen relayed to Program Manager that they are limiting contact in homes with more than 3 people, due to Coronavirus. Koorsen expects to</p>		03/31/2020

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K S353 Bldg. 02	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p>		<p>be in contact, weekly, for follow ups on this issue. During this waiting time, Program Manager will work with Executive director to ensure this home has attic inspections in our contracts with Koorsen. Please see inspection report attached to this POC.</p> <p>PERSONS RESPONSIBLE: Program Manager, Executive Director</p> <p>DATE TO BE COMPLETED: 3/31/2020</p>		

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	<p>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</p> <p>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</p> <p>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</p> <p>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</p> <p>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</p> <p>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p>						

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	<p>B. Show who provided the service.</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review, and interview, the facility failed to document monthly sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Section 3.3.18 states an inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operating condition and is free of physical damage. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review on 02/20/20 between 2:50 p.m. and 4:05 p.m. with the Residential Manager present, there was no documentation the sprinkler gauge and control valve had been inspected on a monthly basis during the past twelve months. Based on interview at the time of record review,</p>			K S353	<p>ISSUE: Based on record review on 02/20/20 between 2:50 p.m. and 4:05 p.m. with the Residential Manager present, there was no documentation the sprinkler gauge and control valve had been inspected on a monthly basis during the past twelve months.</p> <p>PLAN OF CORRECTION: Program Manager contacted KOORSEN on 3/9/2020 to retrieve the documentation of all inspections of the fire safety systems for 2019. Program Manager also requested all inspections for 2020. Koorsen inspections, per contract, occur monthly in the home. Once obtained, Area Supervisor will place in emergency binder for any inspections/surveys.</p> <p>PERSONS RESPONSIBLE: Program Manager, Area Supervisor</p> <p>DATE TO BE COMPLETED: 3/31/2020</p>		03/31/2020

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

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FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G159		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 02/20/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 1337 E SOUTHVIEW LN PAOLI, IN 47454			
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	the Residential Manager acknowledged the lack of wet sprinkler gauge and control valve inspection documentation on a monthly basis during the past twelve months.						