

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2018
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>A Post Survey Revisit (PSR) to the PSR conducted on 02/14/18 and the Emergency Preparedness Survey conducted on 12/21/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/28/18</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>At this PSR survey, Res Care Southeast Indiana 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 4 certified beds. At the time of the survey, the census was 4.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 04/04/18</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the PSR conducted on 02/14/18 and the Life Safety Code Recertification Survey conducted on 12/21/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/28/18</p> <p>Facility Number: 011595</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 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.

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

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K S345 Bldg. 01	<p>Provider Number: 15G749 AIM Number: 200905630</p> <p>At this PSR survey, Res Care Southeast Indiana 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 one story facility was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all client sleeping rooms and common living areas. The facility has a capacity of 4 and had a census of 4 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 0.08.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 04/04/18</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.</p>			

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	<p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition, 14.2.1.2.1 states the requirements of Section 10.19 shall be applicable when a system is impaired. Section 14.2.1.2.2 states system defects and malfunctions shall be corrected. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Even though based on review of Koorsen Fire & Security "System Service" documentation dated 03/23/18 with the Resident Manager indicated an annual fire alarm inspection and sensitivity testing were performed with the system normal on departure, observation of the fire alarm batteries at 3:00 p.m. on 03/28/18 showed that the two batteries had written on them, "failed" and were dated 03/23/18. Interview at the time of observation indicated the Resident Manager was unaware the batteries were marked as "Failed. Additionally, at the time of observation, the fire alarm annunciator panel was flashing, "Fire Alarm Silenced" and "Disarmed Zones in Alarm". The Resident Manager stated the fire alarm system did work and it did function when a pull station was tested at this time.</p>	K S345	<p>The administrator will ensure that when the fire alarm system is impaired that defects and malfunctions shall be corrected by Koorsen Fire and Security in a timely manner. The area supervisor will ensure all staff in the home are trained in reporting defects and malfunctions to the area supervisor immediately. The QA Manager will train the area supervisor that upon receiving a report of system defects or malfunctions it is to be reported immediately to the program manager who will be trained by the QA Manager to then call Koorsen Fire and Security for repairs.</p>	04/27/2018