

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

PRINTED: 03/21/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 03/04/2025	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 402 EWING LN JEFFERSONVILLE, IN 47130			
(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/04/25</p> <p>Facility Number: 000956 Provider Number: 15G442 AIM Number: 100244760</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 483.475.</p> <p>The facility has 8 certified beds. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 03/05/25</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/04/25</p> <p>Facility Number: 000956 Provider Number: 15G442 AIM Number: 100244760</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

Tracy Callahan

Program Manager

03/20/2025

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 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 30 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 S341 Bldg. 01	<p>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 determined to be fully sprinkled. The facility has a fire alarm system with hard wired smoke detection in the corridors, common living areas and all client sleeping rooms. The attic is protected by heat detection connected to the fire alarm control panel. The facility has a capacity of 8 and had a census of 6 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 0.3.</p> <p>Quality Review completed on 03/05/25</p> <p>NFPA 101 Fire Alarm System - Installation</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm control panel was protected. NFPA 72, National Fire Alarm and Signaling Code Section 10.10.1 states a means for turning off activated alarm notification appliance(s) shall be permitted only if it complies with 10.10.3 through 10.10.7. Section 10.10.3 states the means shall be key-operated or located within a locked cabinet, or arranged to provide equivalent protection against unauthorized use. This deficient practice could affect all occupants.</p> <p>Findings include:</p>			K S341	<p>CNN/Provider Number: 15G442 AIM Number: 100244760 Facility Number: 000956</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: March 4, 2025 Survey Event ID VVBT21 402 Ewing Lane, Jeffersonville, IN</p>		04/15/2025

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K S511 Bldg. 01	<p>Based on observation and interview with the Area Supervisor (AS) on 03/04/25 during a tour of the facility between 2:20 p.m. and 3:45 p.m., the fire alarm control panel (FACP) door was not locked, and no key was available. The Panel is in the high traffic laundry area of the home which is used by consumers.</p> <p>This finding was acknowledged by the AS at the time of discovery and again at the exit conference with the AS and Maintenance Professional present.</p>		K S511	<p>47130</p> <p>K0341 FIRE ALARM SYSTEM-INSTALLATION CFR(s) NFPA 101</p> <p>The Program Manager will retrain the Area Supervisor on key placement and locking of the FACP panel.</p> <p>The Area Supervisor will retrain the DSL and the staff on key placement and the locking of the FACP panel.</p> <p>The Program Manager will follow up with the Area Supervisor on the completion of these tasks.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP</p> <p>Date of Completion: April 15, 2025</p>		04/15/2025	
	<p>NFPA 101 Utilities - Gas and Electric</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of over 4 flexible cords were installed properly and used in a safe manor. NFPA 99, Section 10.2.4.2 states adapters and extension cords meeting the requirements of 10.2.4.2.1 through 10.2.4.2.3 shall be permitted. Section 10.2.4.2.3 states the cabling shall comply with 10.2.3. Section 10.2.3.5.1 states cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress,</p>			<p>CNN/Provider Number: 15G442 AIM Number: 100244760 Facility Number: 000956</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p>			

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	<p>either pull, twist, or bend, is not transmitted to internal connections.</p> <p>Findings include:</p> <p>Based on observation and interview with the Area Supervisor (AS) on 03/04/25 during a tour of the facility between 2:20 p.m. and 3:45 p.m., in the resident sleeping room described as "first one on the left side of the home" a power strip was in use near the entertainment center and was dangling from the wall. This condition could put stress on the power cords causing damage to the power cords. Based on interview at the time of observations, the AS agreed the power strip was dangling and stated it would need to be screwed to the wall.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 2 power cord daisy chains were not used as and as a substitute for fixed wiring. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. Article 400.8 (1) prohibits daisy chains, because the first extension cord (or power strip) is now acting as a substitute for the fixed wiring of a structure.</p> <p>Findings include:</p> <p>Based on observation and interview with the Area Supervisor (AS) on 03/04/25 during a tour of the facility between 2:20 p.m. and 3:45 p.m., near the TV in the living room area, two power strips were in use daisy chained together providing power to electronic equipment. The AS stated that she had not noticed the two power strips connected together.</p> <p>This finding was acknowledged by the AS at the</p>				<p>DATE: March 4, 2025 Survey Event ID VVB21 402 Ewing Lane, Jeffersonville, IN 47130</p> <p>KO511 UTILITES-GAS and ELECTRIC CFR(s): NFPA 101 The Program Manager will retrain the Area Supervisor on using extension cords in the home. The Program Manager will order the outlet extenders for the outlets. The Area Supervisor will in-service the DSL and the staff on the use extension cords. The Program Manager will follow up with the Area Supervisor to make sure these tasks are completed.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP</p> <p>Date of Completion: April 15, 2025</p>		

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K S741 Bldg. 01	<p>time of discovery and again at the exit conference with the AS and Maintenance Professional present.</p> <p>NFPA 101 Smoking Regulations</p> <p>Based on observation and interview the facility failed to ensure 1 of 2 smoking areas were maintained by disposing cigarette butts in the provided metal or noncombustible containers with self-closing cover devices. This deficient practice could affect up to all clients and staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Area Supervisor (AS) and Maintenance Professional (MP) on 03/04/25 during a tour of the facility between 2:20 p.m. and 3:45 p.m., in the front porch and close to the leaves outside the front door, there were over 15 cigarette butts on the ground. Based on interview at the time of observation, the Maintenance Professional agreed there were at least 15 cigarette butts on the ground.</p> <p>This finding was acknowledged by the AS at the time of discovery and again at the exit conference with the AS and Maintenance Professional present.</p>			K S741	<p>CNN/Provider Number: 15G442 AIM Number: 100244760 Facility Number: 000956</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: March 4, 2025 Survey Event ID VVBT21 402 Ewing Lane, Jeffersonville, IN 47130</p> <p>K0741 SMOKING REGULATIONS CFR(s): NFPA 101 The Program Manager will train Area Supervisor on the smoking policy. The Area Supervisor will train the DSL and the staff on the smoking policy. The Area Supervisor will have staff clean up all cigarette butts. The Program Manager will order smoking containers and place them in the designated smoking area.</p> <p>Person's Responsible: AED, Quality Assurance Manager, QA</p>		04/15/2025

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					Coordinator/QIDP Manager, Program Manager, Area Supervisor, QIDP, Director Support Lead, and DSP Date of Completion: April 15, 2025		