

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2022
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126		
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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: 01/03/22</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>At this Emergency Preparedness 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 completed on 01/06/22</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: 01/03/22</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>At this Life Safety Code survey, Res Care Southeast Indiana was found not in compliance with Requirements for Participation in Medicaid,</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 S321 Bldg. 01	<p>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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and all client sleeping rooms. 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 0.18.</p> <p>Quality Review completed on 01/06/22</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means:</p> <ol style="list-style-type: none"> 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing 			

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	<p>or automatic closing in accordance with 7.2.1.8.</p> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> 1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction. 2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure. <p>Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 hazardous area, such as a garage with combustible storage, was provided with a self-closing device on the door. Section 33.2.3.2.1 states hazardous areas include any space where there is storage or activity having fuel conditions exceeding those of a one- or two-family dwelling and that possesses the potential for a fully involved fire shall be protected in accordance with 33.2.3.2.4 and 33.2.3.2.5. Section 33.2.3.2.2 states spaces requiring protection in accordance with 33.2.3.2.1 shall include, but shall not be limited to, areas for cartoned storage, food or household maintenance items in wholesale or institutional-type quantities and concentrations, or mass storage of residents belongings. This</p>	K S321	<p>To correct the deficient practice all nonessential combustible items will be removed from the garage. Additionally, a self-closing device will be placed on the door as required by LSC. All site staff will be trained to ensure the storage areas are free of an abundance of combustibles. Additional monitoring will be achieved through weekly site visits by the assigned area supervisor and program manager to ensure the storage areas are free of combustibles and appropriate door closures are in place. Ongoing monitoring will</p>	02/03/2022

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K S351 Bldg. 01	<p>deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation on 01/03/22 at 11:00 a.m. during a tour of the facility with the Direct Support Lead, the door to the garage from the south short hall was not provided with a self closing device. The garage had many combustible items, including cardboard boxes, plastic totes, clothing, old furniture, and other loose items. Based on interview at the time of observation, the Direct Support Lead acknowledged the lack of a self closing device on the door to the house from the garage.</p> <p>This finding was reviewed with the Direct Support Lead during the exit conference.</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 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</p>		<p>be achieved by monthly site reviews completed by ResCare administrative staff.</p>	

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	<p>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> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6. 2. Protected by automatic sprinkler system according to 9.7. 3. Constructed of noncombustible or limited-combustible construction; or 4. Constructed of fire-retardant-treated wood 			

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	<p>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>1. Based on observation and interview, the facility failed to ensure 1 of 1 non-sprinkled attics was not used for storage. LSC 33.2.3.5.7.1 states where an automatic sprinkler system is installed, attics used for living purposes, storage, or fuel-fired equipment shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1. LSC 33.2.3.5.7.2 states where an automatic sprinkler system is installed, attics not used for living purposes, storage, or fuel-fired equipment shall meet one of the following criteria:</p> <p>(1) Attics shall be protected throughout by a heat detection system arranged to activate the building fire alarm system in accordance with Section 9.6.</p> <p>(2) Attics shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1.</p> <p>(3) Attics shall be of noncombustible or limited-combustible construction.</p> <p>(4) Attics shall be constructed of fire-retardant-treated wood in accordance with NFPA 703, Standard for Fire Retardant- Treated Wood and Fire-Retardant Coatings for Building Materials. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation on 01/03/22 at 11:27 a.m. during a tour of the facility with the Direct Support Lead, the attic area above the garage was being used for storage for cardboard boxes, Halloween items, paper, and plastic storage. The</p>	K S351	<p>To correct the deficient practice the storage items in the attic will be removed and all staff will be trained not to utilize the attic as storage space. Additionally, a sign will be placed on the attic entrance indicating it is not to be used for storage. Heat detection was installed in the attic July of 2019. The service provider will be contacted to add the heat detection to be inspected during annual inspections. Ongoing monitoring will be achieved through a monthly LSC inspection form to ensure all LSC features are installed and inspected timely.</p>	02/03/2022

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	<p>attic was not equipped with sprinkler coverage. Based on interview at the time of observation, the Direct Support Lead confirmed the attic was used for storage and was not sprinklered.</p> <p>This finding was reviewed with the Direct Support Lead during the exit conference.</p> <p>2. Based on record review, observation, and interview; the facility failed to install heat detection devices in 1 of 1 attic space. LSC 33.2.3.5.7.1 All facilities where a sprinkler system is installed, attics used for living purposes, storage, or fuel-fired equipment shall have sprinkler coverage. LSC 33.2.3.5.7.2 Attics not used for these purposes shall meet one of the following:</p> <p>Protected by heat detection system to activate the fire alarm system according to 9.6</p> <p>Protected by automatic sprinkler system according to 9.6</p> <p>Constructed of noncombustible or limited-combustible construction</p> <p>Constructed of fire-retardant-treated wood according to NFPA 703</p> <p>This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review on 01/03/22 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there was no documentation provided in the fire alarm system inspection reports to indicate the attic was protected with a heat detection system for this sprinklered home. Based on observation at 11:25 a.m. during a tour of the attic space with the Direct Support Lead, there was not a heat detection system in the attic. Based on interview at the time of observation, the Direct Support Lead agreed the attic space</p>			

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K S712 Bldg. 01	<p>was not provided with a heat detection system.</p> <p>This finding was reviewed with the Direct Support Lead during the exit conference.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 3 of 3 shifts during 4 of 4 quarters during the past 12 months. This</p>	K S712	<p>To correct the deficient practice a 2022 Fire drill calendar has been created to include one drill per shift per quarter. All staff</p>	02/03/2022

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	<p>deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 01/03/21 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters:</p> <ul style="list-style-type: none"> a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. <p>Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts and quarters of 2021.</p> <p>This finding was reviewed with the Direct Support Lead during the exit conference.</p>		<p>responsible for maintaining drills have been trained on the calendar. All supervisory staff responsible for maintaining drills have been re-trained to ensure each group home is completing drills per LSC. Ongoing monitoring will be achieved through a monthly LSC inspection form to ensure all LSC requirements are completed accurately and timely.</p>	