

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

PRINTED: 12/05/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2023
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 1031 WEST ST NEW ALBANY, IN 47150
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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 483.73.</p> <p>Survey Date: 11/09/23</p> <p>Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310</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 8 certified beds, with a current census of 8.</p> <p>Quality Review completed on 11/16/23</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: 11/09/23</p> <p>Facility Number: 000664 Provider Number: 15G127 AIM Number: 100234310</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
Mark Slaughter	AED	11/30/2023

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.

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K S100 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 was a two story fully sprinklered facility. The facility has a fire alarm system with hard wired smoke detectors in the corridors, common living areas, and all client sleeping rooms, furthermore, there is heat detection in the attic connected to the fire alarm system. The facility has a capacity of 8 and had a census of 8 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 0.75.</p> <p>Quality Review completed on 11/16/23</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>1. Based on observation and interview, the facility failed to ensure cylinders of nonflammable gases such as oxygen were properly chained or supported in a proper cylinder stand or cart in 1 of 8 client sleeping rooms. LSC 33.1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.4 requires any device, equipment, system,</p>	K S100	<p>1 Oxygen cylinders will be properly stored in a cylinder stand Staff will be trained on proper storage of oxygen cylinders by Area Supervisor.</p> <p>2 All Staff in the Facility will be trained on the proper storage of</p>	12/08/2023

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	<p>condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified in applicable NFPA standards. NFPA 99, 2012 Edition, Health Care Facilities Code, 11.6.2.3(11) requires freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations on 11/09/23 between 10:15 a.m. and 12:15 p.m. during a tour of the facility with the Qualified Intellectual Developmental Professional (QIDP), 4 of 16 small 'E' type oxygen cylinders were upright and freestanding on the floor in the bedroom #1 (first floor at front of house). The oxygen cylinders were not supported in a proper cylinder stand or cart. A home staff person removed all the oxygen cylinders from the client sleeping room and moved them to the staff office closet. Based on interview at the time of the observations, the QIDP agreed the cylinders were not supported in a proper cylinder stand or cart.</p> <p>This finding was reviewed with the QIDP during the exit conference.</p> <p>2. Based on record review, 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</p>		<p>oxygen cylinders by the Area Supervisor.</p> <p>3 Random inspections of oxygen cylinder storage will be preformed by Direct Support Lead Weekly, Area Supervisor Monthly and by Program Manager quarterly.</p> <p>4 The Facility will ensure interior emergency lights are tested, maintained, and records of testing are maintained.</p> <p>5 The Facility will ensure interior emergency lights are tested at a minimum of 3 weeks and a maximum of 5 weeks for no less than 30 seconds, records of test will be maintained by the facility.</p> <p>6 The facility will ensure a functional test is conducted annually for a minimum of 1 ½ hour for all battery powered interior emergency lights, records of the test will be maintained by the facility.</p> <p>7 The Program Manager met with ResCare Maintenance Manager to ensure monthly checks are being performed.</p> <p>8 Documented test dates will be kept onsite and with maintenance manager for review.</p> <p><b>Persons Responsible:</b> Program Manager, Area Supervisor, and DSL, DSP, ResCare Maintenance.</p>		

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	<p>lighting systems 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 11/09/23 between 10:15 a.m. and 12:15 p.m. during a tour of the facility with the Qualified Intellectual Developmental Professional (QIDP), the facility had two battery powered emergency light units. Based on record review between 10:15 a.m. and 12:15 p.m., there was no documentation to show the battery powered emergency light was tested for 30 seconds monthly during the past 12 month period, furthermore, there was no documentation to show the battery powered emergency light was tested for 90 minutes during the past 12 month period. The QIDP acknowledged there was no further documentation to show a 30 second monthly test or a 90 minute annual test for the two battery backup emergency light units.</p> <p>This finding was reviewed with the QIDP during</p>			

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K S353  Bldg. 01	<p>the exit conference.</p> <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> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</li> <li>8. Visible pipe hangers inspected annually</li> </ol>			
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	<p>(NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided. _____ B. Show who provided the service. _____ C. Note the source of the water supply for the automatic sprinkler system. _____ (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review, observation, and interview; the facility failed to document monthly sprinkler system inspections in accordance with NFPA 25 for 12 of the past 12 months. NFPA 25, Standard for the Inspection, Testing, and</p>	K S353	1. The Program Manager will ensure monthly sprinkler gauge inspections and monthly control valve inspections are conducted by the ResCare maintenance	12/08/2023

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	<p>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 11/09/23 between 10:15 a.m. and 12:15 p.m. with the Qualified Intellectual Developmental Professional (QIDP) present, there was no documentation the sprinkler gauge and sprinkler control valve have been inspected on a monthly basis during the past 12 month period. Based on interview at the time of record review, the QIDP confirmed there was no monthly sprinkler gauge or sprinkler control valve inspection documentation available for review. Based on observation during a tour of the facility with the QIDP the sprinkler riser was equipped with one pressure gauge and one main control valve.</p> <p>This finding was reviewed with the QIDP during the exit conference.</p>		<p>coordinator, documentation will be maintained on site and a copy kept with ResCare Maintenance Manager.</p> <p>1. The program manager will conduct random monthly inspections to ensure monthly and quarterly inspections are being preformed as required.</p> <p><b>Persons Responsible:</b> Program Manager, Maintenance Manager, Area Supervisor, Direct Support Lead, ResCare Maintenance.</p>	