

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

PRINTED: 04/08/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G157		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/12/2025	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130			
(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 Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/12/25</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>At this Emergency Preparedness survey, Res Care Community Alternatives SE IN was found not 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. All 8 beds are certified for Medicaid. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 03/14/25</p>			E 0000			
E 0037  Bldg. --	<p>403.748(d)(1), 416.54(d)(1), 418.113(d)(EP Training Program</p> <p>Based on record review and interview, the facility failed to ensure staff were trained in emergency preparedness policies and procedures. The ICF/IID facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency preparedness training at least every two years; (iii) Maintain documentation of all emergency preparedness</p>			E 0037	<p>CNN/Provider Number: 15G157 AIM Number: 100224510 Facility Number: 000693</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p>		04/08/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tracy E Callahan

Program Manager

04/06/2025

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 0000  Bldg. 03	<p>training; (iv) Demonstrate staff knowledge of emergency procedures; (v) If the emergency preparedness policies and procedures are significantly updated, the facility must conduct training on the updated policies and procedures in accordance with 42 CFR 483.475(d) (1). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Professional (MP) on 03/12/25 between 10:15 a.m. and 11:50 a.m., there was no documentation available for review to indicate all facility staff were trained and demonstrate knowledge of the Emergency Preparedness Program (EPP) initially for new staff and every two years for existing staff. Based on an interview at the time of records review, the MP did not know if staff were trained on the EPP and stated no documentation for staff training could be found during the survey. Only blank forms for staff training were present in the provided Emergency Disaster Preparedness Binder.</p> <p>This finding was acknowledged by the MP at the time of observation and again at the Exit Conference with the MP present.</p> <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: 03/12/25</p>			K 0000	<p>DATE: March 12, 2025 <b>Survey Event ID Y0WR21</b> 3011 Apache Drive, Jeffersonville, IN 47130</p> <p>E037 EP TRAINING PROGRAM CFR(s): 483.475(d)(1)</p> <p>The Program Manager will retrain the Area Supervisor and the DSL on the procedure for annual training on the EP manual.</p> <p>The DSL will ensure that all staff are trained annually on the EP manual.</p> <p>The Area Supervisor will ensure that the EP manual annual training is completed.</p> <p>The Program Manager will follow up Area Supervisor to ensure the training is completed and in the EP manual.</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 8, 2025</p>		

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K S331  Bldg. 03	<p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN 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 two story split level building was non sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors and all in all living areas. The facility smoke detectors installed hard wired to the fire alarm system installed in all client sleeping rooms. The facility has heat detection installed in the attic. The facility has a capacity of 8 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 0.2.</p> <p>Quality Review completed on 03/14/25</p> <p>NFPA 101 Interior Wall and Ceiling Finish</p> <p>Based on observation and interview, the facility failed to ensure the interior finish on the walls was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all occupants.</p>			K S331	<p>CNN/Provider Number: 15G157 AIM Number: 100234510 Facility Number: 000693</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC.</p>		04/08/2025

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K S345  Bldg. 03	<p>Findings include:</p> <p>Based on observation and interview during a tour of the facility with the Maintenance Professional (MP) on 03/12/25 between 10:15 a.m. and 11:50 a.m., several walls in the home were covered with wood paneling which had been painted. Based on an interview at the time of observation, the MP stated he thought they treated the wood paneling but was unable to locate documentation or a product container to confirm the wood paneled walls were treated to provide a flame spread rating of a Class A, Class B or Class C interior finish.</p> <p>This finding was acknowledged by the MP at the time of observation and again at the Exit Conference with the MP present.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems could be reset promptly after activation in accordance with</p>			K S345	<p>ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: March 12, 2025 <b>Survey Event ID Y0WR21</b> 3011 Apache Drive, Jeffersonville, IN 47130</p> <p>K0331 INTERIOR WALL AND CEILING FINISH CFR(s): NFPA</p> <p>Maintenance will ensure that the paneling throughout the home is treated with a flame-retardant sealant.</p> <p>Maintenance will ensure that the proper documentation is placed in the EP manual.</p> <p>The Program Manager will follow up with maintenance to ensure this is 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 8, 2025</p> <p>CNN/Provider Number: 15G157 AIM Number: 100234510 Facility Number: 000693</p>		04/08/2025

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	<p>LSC 9.6. Section 9.6.1.5 refers to NFPA 72. NFPA 72-14.5.4 states all apparatus requiring resetting to maintain normal operation shall be reset as promptly as possible after each test and alarms. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation and interview during a tour of the facility with the Qualified Intellectual Disabilities Professional (QIDP) and Maintenance Professional (MP) on 03/12/25 between 10:15 a.m. and 11:50 a.m., the main Fire Alarm Panel was in "silent" mode. The QIDP stated that she was an overnight floater staff and the Fire Alarm Panel had been in silent mode since early that morning and she was unsure how to reset it.</p> <p>During the survey additional staff arrived and the Fire Alarm Control Panel (FACP) was reset and the FACP was functioning properly. The MP and QIDP agreed that additional staff training would be necessary.</p> <p>This was acknowledged by the QIDP at the time of observation and again at the exit conference with the QIDP and MP present.</p> <p>2. Based on record review and interview, the facility failed to ensure the documentation for the sensitivity testing of smoke detectors connected to 1 of 1 fire alarm system was complete. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p> <p>(1) Date</p> <p>(2) Test frequency</p>				<p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: March 12, 2025 <b>Survey Event ID Y0WR21</b> 3011 Apache Drive, Jeffersonville, IN 47130</p> <p>K0345 FIRE ALARM SYSTEM-TESTING AND MAINTENANCE CFR(s): NFPA 101</p> <p>The Program Manager will ensure that training is completed on how to reset the Fire Alarm Panel.</p> <p>The AS/DSL will ensure that all staff working in the home is trained on how to reset the Fire Alarm Panel.</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 8, 2025</p>		

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	<p>(3) Name of property</p> <p>(4) Address</p> <p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency (ies)</p> <p>(7) Designation of the detector(s) tested</p> <p>(8) Functional test of detectors</p> <p>(9)*Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Professional (MP) on 03/12/25</p>						

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K S511  Bldg. 03	<p>between 10:15 a.m. and 11:50 a.m., the documentation provided contained a smoke detector sensitivity test on the facility's fire alarm system dated 02/06/24. The aforementioned testing report from the provider indicated deficiencies with some smoke alarm heads testing out of range. No documentation was provided showing the deficiencies were corrected and no additional sensitivity test documentation was available since the 02/06/24 test. The MP agreed that there was no documentation indicating the deficient smoke heads had been replaced and met sensitivity range requirements and not subsequent sensitivity test had been conducted since 02/06/24.</p> <p>This finding was acknowledged by the MP at the time of observation and again at the Exit Conference with the MP present.</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords was not used as a substitute for fixed wiring according to 33.2.5.1. LSC 33.2.5.1 states utilities shall comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Professional (MP) during a facility tour on 03/12/25 between 10:15 a.m. and 11:50 a.m.,</p>			K S511	<p>CNN/Provider Number: 15G157 AIM Number: 100234510 Facility Number: 000693</p> <p>PROVIDER: RESCARE COMMUNITY ALT.SE.IN.INC. ADDRESS: 4341 Security Parkway Suite 101 New Albany, IN 47150</p> <p>DATE: March 12, 2025 <b>Survey Event ID Y0WR21</b> 3011 Apache Drive, Jeffersonville, IN 47130</p> <p>KO511 UTILITES-GAS and</p>		04/08/2025

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	<p>(1) in the living room a extension cord (green) was in use and powered the TV. Also, (2) in the sleeping room described as "the last room on the end" a extension cord was in use and powering a consumer's TV.</p> <p>This finding was acknowledged by the MP at the time of observation and again at the Exit Conference with the MP present.</p>				<p>ELECTRIC CFR(s): NFPA 101</p> <p>The Program Manager will retrain the Area Supervisor on using extension cords in the home.</p> <p>The Program Manager will order the outlet extenders for the outlets.</p> <p>The Program Manager will ensure maintenance gets the outlet extenders installed.</p> <p>The Area Supervisor will in-service the DSL and the staff on the use extension cords.</p> <p>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 8, 2025</p>		