

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16609 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: 12/08/21</p> <p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</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 12/13/21</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: 12/08/21</p> <p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</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 S345 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 fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and all client sleeping rooms. It could not be determined if there was heat detection in the attic of this fully sprinklered facility. 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 0.7.</p> <p>Quality Review completed on 12/13/21</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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on observation, record review, email, and interview; the facility failed to ensure 1 of 1 fire alarm system was continuously in proper operating condition. This deficient practice</p>	K S345	To correct the deficient practice the annunciator panels will be repaired by the service provider. The service provider will	01/08/2022

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	<p>could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations of the two fire alarm annunciator panels located at the front door area and in the garage and connected to the fire alarm control panel (FACP) located in the laundry area on 12/08/21 between 11:15 a.m. and 2:30 p.m. during a tour of the facility with the Direct Support Lead (DSL), the two annunciator panels were without power. The display screens were blank. When asked about the annunciator panels, the DSL said the facility has had trouble with the fire alarm system for a long time and has had the fire alarm system inspection/testing vendor to the facility several times over the past year. The DSL further said the system was turned off about a week ago because the alarm kept going off. Based on observation of the electrical breaker box, the breaker for the FACP was in the off position. The DSL flipped the FACP breaker back on. The display on each annunciator panel said, "Low Batt" and a yellow trouble light was illuminated.</p> <p>Based on record review between 11:15 a.m. and 2:30 p.m. with the DSL present, the semiannual fire alarm system inspection report dated 02/24/21 stated "Upon arrival panel was shut down and batteries were unplugged". This was confirmed by the DSL during the record review. Furthermore, an email that was sent from the DSL at 2:38 p.m. after surveyor exit from the facility contained the most recent annual fire alarm system inspection/testing report dated 08/05/21. This report stated, "Panel down upon arrival, AC Trouble on annunciator, Batteries unplugged from panel, Smoke Detector in Living Room in Trouble". Also, the inspection of the itemized list of devices tested showed that 7 of 7</p>		<p>also be contracted to inspect for heat detection in the attic and added to the inspection form. All staff responsible for site maintenance will be re-trained to ensure all fire systems are in working condition and inspected routinely. Additional monitoring will be achieved through a monthly LifeSafety code inspection completed by the home manager or Area Supervisor. Ongoing monitoring will be achieved through a monthly site review completed by Rescare Supervisory staff.</p>	

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	<p>horn/strobes and 4 of 4 strobes in the facility failed during the inspection. There was nothing on the remainder of the report to indicate the devices had been repaired or replaced. Since this report was in an email, there was no communication with the DSL about whether the failed devices were repaired or replaced.</p> <p>This finding (not including the information on the 08/05/21 report) was reviewed with the DSL during the exit conference.</p> <p>2. Based on record review, email, and interview; the facility failed to provide complete documentation to ensure heat detectors were provided in the attic space and connected to 1 of 1 fire alarm system in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review on 12/08/21 between 11:15 a.m. and 2:30 a.m. with the Direct Support Lead (DSL) present, and again via email from the DSL at 2:38 p.m., there was documentation available for two annual fire alarm system test/inspections dated 08/26/20 and 08/05/21, and one semiannual fire alarm system visual inspection dated 02/24/21. These reports did not include the inspection of heat detection in the attic. Based on interview, when asked, the DSL said she thought there was heat detection located in the attic space but did not have a means</p>			

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K S353 Bldg. 01	<p>available to look in the attic.</p> <p>This finding was reviewed with the DSL during 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"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 			

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	<p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(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</p> <p>Based on observation and interview, the facility failed to ensure 51 of over 30 sprinkler heads in</p>	K S353	To correct the deficient practice the service provider will install all	01/08/2022			

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K S741 Bldg. 01	<p>the facility were maintained. NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/08/21 between 11:15 a.m. and 2:30 p.m. during a tour of the facility with the Direct Support Lead (DSL), drop down type sprinkler heads in the following locations were missing their cover plates: the garage, kitchen, staff office, bathroom, and short hall outside the pantry. Based on interview at the time of observations, the DSL agreed the cover plates were missing from the previously mentioned sprinkler head locations.</p> <p>This finding was reviewed with the DSL during the exit conference.</p> <p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted by the administration of board and care occupancies. Where smoking is permitted, noncombustible safety type ashtrays or receptacles shall be provided in convenient locations. 32.7.4.1, 32.7.4.2, 33.7.4.1, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to ensure cigarettes were not smoked within the facility and the facility's smoking policy was followed. This deficient practice could affect all clients, as well as staff and</p>	K S741	<p>missing cover plates. All staff responsible for site maintenance will be re-trained the fire and sprinkler system are maintained in accordance with the fire code. Additional monitoring will be achieved through a monthly LifeSafety code inspection completed by the home manager or Area Supervisor. Ongoing monitoring will be achieved through a monthly site review completed by Rescare Supervisory staff.</p> <p>To correct the deficient practice the ResCare smoking policy has been updated to reflect a designated smoking area. Additionally, a sign will be</p>	01/08/2022

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	<p>visitors.</p> <p>Findings include:</p> <p>Based on observation on 12/08/21 at 1:25 p.m. during a tour of the facility with the Direct Support Lead (DSL), there was a five gallon bucket with at least 50 cigarette butts, plus two plastic soda bottles and paper trash in the bucket in the garage of the home. The inside of the garage was full of combustible items, including cardboard boxes, plastic totes, and several other items. Furthermore, there was a heavy smell of cigarette smoke within the garage. When asked, the DSL said the smoking policy for the facility was to only smoke outside the fence around the back of the property.</p> <p>This finding was reviewed with the DSL during the exit conference.</p>		<p>posted in the smoking area as well as an appropriate cigarette disposal container. All staff will be trained the updated policy and smoking area guidelines. Additional monitoring will be achieved through weekly observations by the supervisory staff to ensure smoking is only occurring in the designated area. Ongoing monitoring will be achieved through monthly site reviews from the supervisory staff.</p>	