

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G194	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K 0000  Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/20/16</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</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 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of eight at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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 0130  Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.48.</p> <p>Quality Review completed on 10/24/16 - DA</p> <p>483.470(j)(1)(i) MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure monthly fire extinguisher inspections were documented, including the date and initials of the person performing the inspections for 1 of 3 portable fire extinguishers. LSC 101, 4.5.7 states any device, equipment or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all clients, staff and visitors in the facility.</p>		K 0130	<p><b>K130: 483.470(j)(1)(i) Miscellaneous</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Staff training with Site Supervisor to complete monthly fire extinguisher inspections on all three extinguishers in the home and document inspection on the fire extinguisher tag. (Attachment A)</li> <li>• <input type="checkbox"/> Staff Training with Area Supervisor to check for completion of fire extinguisher inspections and documentation on the fire extinguisher tag by the end of every month. (Attachment B)</li> </ul> <p><b>How we will identify others:</b></p>	11/19/2016

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	<p>Findings include:</p> <p>Based on observations of fire extinguisher inspection/maintenance tags on 10/20/16 between 12:00 p.m. and 12:15 p.m. during a tour of facility with the Site Supervisor, there was no documentation on the inspection tag to show the garage portable fire extinguisher was inspected in July, August, and September of 2016. This was acknowledged by the Site Supervisor at the time of observation.</p>		<ul style="list-style-type: none"> <li>•□□□□□□□□ The Site Supervisor will complete all fire extinguisher inspections every month and documentation of inspection will be placed on the fire extinguisher tag as proof. Site Supervisor will document inspections on the SS weekly check list as well. SS weekly checklist will be sent to AS upon completion for the AS to review. (Attachment C)</li> <li>•□□□□□□□□ The Area Supervisor will ensure all inspections are completed and documented on fire extinguisher tag. Area Supervisor will certify inspection on the AS weekly check (Attachment D) form and by reviewing the SS weekly check form.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>•□□□□□□□□ The Site Supervisor will review all three fire extinguisher tags to ensure they have been properly inspected and documented.</li> <li>•□□□□□□□□ Area Supervisor will thoroughly</li> </ul>	

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				<p>document on the weekly checklist and send to Program Manager for review.</p> <ul style="list-style-type: none"> <li>•□□□□□□□□□ AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>•□□□□□□□□□ Program Manager will complete visits at the home and review the fire extinguisher inspection tags for at least three consecutive months to ensure all fire extinguishers are being inspected document is present to prove so.</li> <li>•□□□□□□□□□ AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results</li> </ul>

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			<p>will be shared with all team members.</p> <p><b>Completion Date:</b> <b>11-19-16</b></p>	