

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

PRINTED: 12/28/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G194		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 11/17/2015	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421			
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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: 11/17/15</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 fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all client sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</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 S046  Bldg. 02	<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 0.44.</p> <p>Quality Review completed 11/24/15 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 bathrooms sinks was provided with ground fault circuit interrupter (GFCI) protection against electric shock near an electrical outlet. NFPA 101, 33.2.5.1 requires utilities 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, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body and electrical insulation is more subject to failure. This deficient practice affects all clients who would use client bathroom</p>			K S046	<p>Environmental check lists will be reviewed monthly by Clinical Supervisor and are presented, at least quarterly <b>K0046: Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 (GFCI) protection against electric shock near an electrical outlet. NFPA 101, 33.2.5.1 requires utilities 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, Article 210.8, Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault</b></p>		12/17/2015

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	<p>#1.</p> <p>Findings include:</p> <p>Based on observation on 11/17/15 at 10:55 a.m. with the home manager, the south client bathroom had an electric outlet one foot from the hand wash sink not provided with a ground-fault circuit interrupter. Furthermore, the main electric panel in the garage was checked and confirmed that the electric receptacle in the south client bathroom located one foot from the handwash sink was not provided with GFCI protection to prevent electric shock. This was acknowledged by the home manager at the exit conference on 11/17/15 at 11:55 a.m.</p>				<p><b>circuit-interrupter (GFCI) protection for all personnel in bathrooms, and kitchens at receptacles intended to serve the counter top surfaces. Note: Moisture can reduce the contact resistance of the body and electrical insulation is more subject to failure.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>The GFI in the south bathroom is ran from the GFI receptacle in the north bathroom. This was confirmed with a GFI receptacle tester.</li> <li>All staff have been trained on how to use the GFI receptacle tester. .</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Environmental Service Worker will use a GFI receptacle tester to check all outlets</li> </ul> <p><b>Measures to be put in place:</b></p>		

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K S053  Bldg. 02	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.  Exception: Smoke alarms are not required in				· Environmental Service worker will complete monthly test of outlets to ensure all outlets are GFI protected.  <b>Monitoring of Corrective Action:</b>  · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that outlets are being tested. The results will be shared with all team members.  · , in Safety Committee Review.  <b>Completion Date: 12-17-15</b>		

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	<p>buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 10 smoke detectors was not located where airflow could prevent the operation of the detector. LSC 9.6 refers to NFPA 72. NFPA 72, 2-3.5.1 requires spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice affects all clients in the facility. Findings include:</p> <p>Based on observation on 11/17/15 at 11:30 a.m. with the home manager, the smoke detector located in the living room was located one foot from a ceiling fan. This was verified by the home manager at the time of observation and acknowledged at the exit conference on 11/17/15 at 11:55 a.m.</p>			K S053	<p><b>K0053: LSC 9.6 refers to NFPA 72. NFPA 72, 2-3.5.1 requires spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>The ceiling fan has been removed and replaced with a chandelier.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Environmental Service worker will complete inspection of the home to ensure compliance.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will complete a weekly environmental home check.</li> </ul>		12/17/2015

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K S056  Bldg. 02	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1,			<b>Monitoring of Corrective Action:</b> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that outlets are being tested. The results will be shared with all team members.</li> <li>Environmental check lists will be reviewed monthly by Clinical Supervisor and are presented, at least quarterly, in Safety Committee Review.</li> </ul> <b>Completion Date: 12-17-15</b>			

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	<p>32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: 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, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p>						

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	<p>SLOW</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability 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, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>						



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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p>						

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested for 1 of 4 quarters over the past year. LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semi-annually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on review of Simplex/Grinnell Sprinkler Inspection Reports on 11/17/15 at 10:50 a.m. with the home manager, the only documentation available for quarterly inspections of waterflow alarm devices for the sprinkler system over the past year was a first quarter inspection for the year 2015 dated 03/24/15, a second quarter inspection for the year 2015 dated 05/15/15, and a fourth quarter inspection</p>			K S056	<p><b>K0056: LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semi-annually.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Simplex Grinnell will be contacted to complete to complete an inspection.</li> <li>Residential Manager will be in- serviced to ensure Simplex Grinnell completes quarterly inspections.</li> <li>Residential Manager will call Simplex Grinnell to schedule</li> </ul>		12/17/2015

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	<p>for the year 2015 dated 10/22/15.</p> <p>Furthermore, the sprinkler riser inspection tags were inspected at the time of record review and indicated the last dates of a quarterly sprinkler system inspection were 03/24/15, 05/15/15, and 10/22/15 with no third quarter inspection conducted for 2015 between July, August and September. The lack of a quarterly sprinkler waterflow alarm device test for the third quarter for the year 2015 was acknowledged by the home manager at the exit conference on 11/17/15 at 11:55 a.m.</p>				<p>the inspections.</p> <ul style="list-style-type: none"> <li>Residential Manager check list is being updated to include Simplex Grinnell inspections.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will complete a weekly check list to ensure Simplex Grinnell inspections are up to date.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will complete a weekly environmental home check.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that outlets are being tested. The results will be shared with all team members.</li> <li>Environmental check lists will be reviewed monthly by Clinical Supervisor and are presented, at least quarterly, in</li> </ul>		

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