

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 11/21/2016
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
(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: 11/21/16</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</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 one story facility with a basement was fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors and common living areas. The facility has a capacity of 7 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,</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15G175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>11/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>RES CARE COMMUNITY ALTERNATIVES SE IN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3607 MIDDLE RD JEFFERSONVILLE, IN 47130</b>	
(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 S345  Bldg. 02	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 1.14.</p> <p>Quality Review completed on 11/30/16 - DA</p> <p>NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance</p> <p>Fire Alarm System – Testing and Maintenance</p> <p>2012 EXISTING (Prompt)</p> <p>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.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to ensure 8 of 8 smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 14.4.2.2 requires systems and associated equipment shall be tested according to Table 14.4.2.2. NFPA 72, 14.4.5.3.1 requires sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 requires sensitivity shall be checked every alternate year thereafter unless otherwise permitted by</p>	K S345	<p><b>K0345:</b></p> <p>The sensitivity testing results will be obtained from Simplex Grinnel and the Residential Manager will be re-trained on ensuring that here is a copy of the testing results in the home.</p> <p>The Area Supervisor will visit the home at least twice monthly and ensure that all testing results are current and in the home. The</p>	12/21/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 11/21/2016
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
(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
	<p>compliance with 14.4.5.3.3. NFPA 72, Table 14.4.2.2 (g), Test Methods requires Any of the following tests shall be performed to ensure that each smoke detector is within its listed and marked sensitivity range:</p> <ul style="list-style-type: none"> <li>(1) Calibrated test method.</li> <li>(2) Manufacturer's calibrated sensitivity test instrument.</li> <li>(3) Listed control equipment arranged for the purpose.</li> <li>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</li> <li>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. This deficient practice could affect all clients in the facility including staff, and visitors.</li> </ul> <p>Findings include:</p> <p>Based on record review on 11/21/16 at 10:50 a.m. with the home manager, there were no records available for review to indicate a sensitivity test had been conducted on the eight smoke detectors over the past two years. The lack of a two year sensitivity test record for the eight smoke detectors in the facility was acknowledged by the home manager at the exit conference on 11/21/16 at 11:48</p>		<p>Program Manager will follow up with the Area Supervisor at least monthly and ensure that a copy of testing results are in the home and a copy will be maintained at the office.</p>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2016	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
(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 S353  Bldg. 02	<p>a.m.</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 (NFPA 25, section 5.2.3).</li> </ol>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2016
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130	
(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
	<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 5.3.1.1.2).</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&amp;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> <hr/> <p>B. Show who provided the service.</p> <hr/> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <hr/> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review and interview, the facility failed to provide a complete written policy when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period. NFPA 25, 15.5.2 (4) requires where a required fire protection system is out of</p>	K S353	<p><b>K0353:</b></p> <p>The Fire Watch Plan will be revised to include the numbers for the alarm company, insurance carrier, ISDH and the local fire</p>	12/21/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2016	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE  3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
(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
	<p>service for more than 10 hours in a 24-hour period, the impairment coordinator shall arrange for one of the following: (5) the fire department has been notified and (6) the insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the home manager on 11/21/16 at 10:55 a.m., the written Fire Watch Policy for the automatic sprinkler system lacked notification of the alarm company, the insurance carrier, and lacked phone numbers for the Indiana State Health Department and local fire department. This was acknowledged by the home manager at the time of record review and at the exit conference on 11/21/16 at 11:48 a.m.</p> <p>2. Based on observation and interview, the facility failed to provide spare sprinklers for the sidewall sprinklers located in the basement. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, in Section 5-4.1.5 requires the stock of spare sprinklers</p>			<p>department. Simplex Grinnell will be contacted to replace the supply of spare sprinklers at the home</p> <p>Maintenance will complete visits to the home monthly to ensure that there is sufficient supply of spare sprinklers at the home at all times and when the supply needs replaced Simplex Grinnel will be contacted.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15G175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>11/21/2016</b>	
NAME OF PROVIDER OR SUPPLIER <b>RES CARE COMMUNITY ALTERNATIVES SE IN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3607 MIDDLE RD JEFFERSONVILLE, IN 47130</b>		
(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 S354  Bldg. 02	<p>shall include all types and ratings installed and shall be as follows: (1) For protected facilities having under 300 sprinklers-no fewer than 6 sprinklers. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 11/21/16 during a tour of the basement from 10:35 a.m. to 10:50 a.m. with the home manager, the basement had ten sidewall sprinklers located throughout the basement. Furthermore, based on observation of the spare sprinkler cabinet, located in the basement riser room, there were no spare sidewall sprinkler in the spare sprinkler cabinet. This was verified by the home manager at the time of observation and acknowledged at the exit conference on 11/21/16 at 11:48 a.m.</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System – Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15G175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>11/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>RES CARE COMMUNITY ALTERNATIVES SE IN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3607 MIDDLE RD JEFFERSONVILLE, IN 47130</b>	
(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 S712	<p>Based on record review and interview, the facility failed to provide a complete written policy when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period. NFPA 25, 15.5.2 (4) requires where a required fire protection system is out of service for more than 10 hours in a 24-hour period, the impairment coordinator shall arrange for one of the following: (5) the fire department has been notified and (6) the insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review with the home manager on 11/21/16 at 10:55 a.m., the written Fire Watch Policy for the automatic sprinkler system lacked notification of the alarm company, the insurance carrier, and lacked phone numbers for the Indiana State Health Department and local fire department. This was acknowledged by the home manager at the time of record review and at the exit conference on 11/21/16 at 11:48 a.m.</p> <p>NFPA 101</p>	K S354	<p><b>K0354:</b></p> <p>Simplex Grinnell will be contacted to replace the supply of spare sprinklers at the home</p> <p>Maintenance will complete visits to the home monthly to ensure that there is sufficient supply of spare sprinklers at the home at all times and when the supply needs replaced Simplex Grinnel will be contacted.</p>	12/21/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2016	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE  3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
(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
Bldg. 02	<p>Fire Drills</p> <p>Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> <li>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</li> </ul> <p>2. The facility must:</p> <ul style="list-style-type: none"> <li>a. Actually evacuate clients during at least one drill each year on each shift;</li> <li>b. Make special provisions for the evacuation of clients with physical disabilities;</li> <li>c. File a report and evaluation on each drill;</li> <li>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</li> <li>e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</li> </ul> <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters and 2 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Emergency</p>		K S712	<p><b>K0712:</b></p> <p>All staff at the home will be in-serviced on the completion of drills according to the schedule and to ensure that all shifts of personnel have a drill completed for every quarter.</p>	12/21/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>15G175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>11/21/2016</b>	
NAME OF PROVIDER OR SUPPLIER <b>RES CARE COMMUNITY ALTERNATIVES SE IN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3607 MIDDLE RD JEFFERSONVILLE, IN 47130</b>		
(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
	Evacuation Drill Reports on 11/21/16 at 11:00 a.m. with the home manager, there was no record of a fire drill conducted on first and second shift for the fourth quarter of the year 2015 or 2016. Based on an interview with the home manager at the time of record review, there was no other documentation available for review to indicate the missed drills had been conducted. This was verified by the home manager at the time of record review and acknowledged at the exit conference on 11/21/16 at 11:48 a.m.			The Residential Manager will be at the home at least five times weekly to ensure that drills are being conducted and that all shifts of personnel have a drill completed for each quarter. QA will review all drills each month to ensure that all shifts of personnel have participated in drills for every quarter.	