STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G193	A. BUILDING 02 B. WING	12/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	13711 BENNETTSVILLE RD MEMPHIS, IN 47143

(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	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 12/23/15 Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760 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 33, Existing Residential Board and Care Occupancies. 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. The facility has a capacity of 7 and had a census of 6 at the time of this survey.	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	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 0.24. Quality Review completed 01/05/16 - DA.			
K 0130 Bldg. 02	Based on observation and interview, the facility failed to ensure 3 of 3 portable fire extinguishers were inspected at least monthly and the inspections were documented for 3 of 3 months since the last annual inspection date, including the date and initials of the person performing the inspection. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff. Findings include:	K 0130	**K130** **Corrective Action: (Specific):** All staff will be in-serviced on completing monthly fire extinguisher inspections and making sure the date of the inspection and the initials of who completed the inspection. **How others will be identified: (Systemic):** The Residential Manager will be in the home at least five times weekly to ensure that the monthly fire extinguisher inspections are being completed, that the date of the inspection and the initials of the person completing the inspection are on the tag. The Program Manager will visit the home at least monthly The Residential Manager will be in the home at least five times weekly to	01/22/2016

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	Based on observation during a tour of the facility with maintenance worker #1 on 12/23/15 from 12:15 p.m. to 1:45 p.m., service and inspection tags for the portable fire extinguishers located in the kitchen, the laundry room, and the front exit corridor each bore a service inspection tag indicating the most recent annual inspection was 08/16/15, but no monthly checks were documented on the inspection tags for September, October, and November 2015. Based on interview at the time of observation, maintenance worker #1 stated there is no written documentation of monthly fire extinguisher inspections for the facility and acknowledged the facility did not perform monthly fire extinguisher inspections for the months listed above. This was acknowledged by maintenance worker #1 at the exit conference on 12/23/15 at 1:45 p.m.		ensure that the monthly fire extinguisher inspections are being completed, that the date of the inspection and the initials of the person completing the inspection are on the tag. **Measures to be put in place:** All staff will be in-serviced on completing monthly fire extinguisher inspections and making sure the date of the inspection and the initials of who completed the inspection. **Monitoring of Corrective Action:** The Residential Manager will be in the home at least five times weekly to ensure that the monthly fire extinguisher inspections are being completed, that the date of the inspection and the initials of the person completing the inspection are on the tag. The Program Manager will visit the home at least monthly The Residential Manager will be in the home at least five times weekly to ensure that the monthly fire extinguisher inspections are being completed, that the date of the inspection and the initials of the person completing the inspection are on the tag. **Completion date: 01/22/16**	

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