DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES			OMB NO. 0938-039
STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	<u></u>	COMPLETED
		15G442	B. WING		12/20/2023
	PROVIDER OR SUPPLIE	R R ILTERNATIVES SE IN	402 EW	ADDRESS, CITY, STATE, ZIP COD /ING LN RSONVILLE, IN 47130	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
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TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
E 0000					
Bldg	conducted by the In accordance with 42 Survey Date: 12/20 Facility Number: 0 Provider Number: 100 At this Emergency Community Altern compliance with En Requirements for M Participating Provid 483.475. The facility has 8 c survey, the census	0/23 000956 15G442 0244760 Preparedness survey, Res Care atives SE IN was found not in mergency Preparedness Medicare and Medicaid ders and Suppliers, 42 CFR	E 0000		
	The requirement at NOT MET as evide	42 CFR, Subpart 483.475 is enced by:			
E 0037 Bldg	441.184(d)(1), 48 483.73(d)(1), 484 485.68(d)(1), 485 486.360(d)(1), 49 EP Training Prog §403.748(d)(1), § §441.184(d)(1), § §483.73(d)(1), §4 §485.68(d)(1), §4				
LABORATO	RY DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SI	IGNATURE	TITLE	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Mark Slaughter AED 01/23/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	î î	UILDING		(X3) DATE SURVEY COMPLETED 12/20/2023	
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	Hospitals at §482 HHAs at §484.10 §485.727, OPOs at §491.12:] (1) Training prog all of the followin (i) Initial training policies and proc existing staff, ind under arrangeme consistent with th (ii) Provide emery at least every 2 y (iii) Maintain doc preparedness tra (iv) Demonstrate emergency proce (v) If the emerger and procedures a [facility] must cor updated policies *[For Hospices and The hospice mus (i) Initial training policies and proc existing hospice providing service consistent with th (ii) Demonstrate emergency proce (iii) Provide emer at least every 2 y (iv) Periodically r emergency prop employees (inclu- with special emp	in emergency preparedness edures to all new and ividuals providing services ent, and volunteers, heir expected roles. gency preparedness training ears. umentation of all emergency ining. staff knowledge of edures. hey preparedness policies are significantly updated, the nduct training on the and procedures. t §418.113(d):] (1) Training. it do all of the following: in emergency preparedness edures to all new and employees, and individuals s under arrangement, heir expected roles. staff knowledge of edures. gency preparedness training					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	A. BUILDING		COM 12/2	(X3) DATE SURVEY COMPLETED 12/20/2023	
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 402 EWING LN JEFFERSONVILLE, IN 47130				
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TAG	and others. (v) Maintain docu preparedness tra (vi) If the emerge and procedures a hospice must con- updated policies procedures. *[For PRTFs at § program. The PF following: (i) Initial training policies and proce- existing staff, ind under arrangeme consistent with th (ii) After initial tra- preparedness tra (iii) Demonstrate emergency proce- (iv) Maintain doc- preparedness tra (iv) If the emerge- and procedures a PRTF must conc- policies and proce- (iv) If the emerge- and procedures a PRTF must conc- policies and proce- (i) Initial training- policies and proce- x[For PACE at §4- organization must (i) Initial training- policies and proce- existing staff, ind- services under a participants, and- their expected ro- (ii) Provide emer- at least every 2 y- (iii) Demonstrate-	ancy preparedness policies are significantly updated, the nduct training on the and 441.184(d):] (1) Training RTF must do all of the in emergency preparedness wedures to all new and ividuals providing services ent, and volunteers, heir expected roles. ining, provide emergency ining every 2 years. staff knowledge of edures. umentation of all emergency ining. ncy preparedness policies are significantly updated, the uct training on the updated redures. 460.84(d):] (1) The PACE at do all of the following: in emergency preparedness wedures to all new and ividuals providing on-site rrangement, contractors, volunteers, consistent with les. gency preparedness training	TAG			DATE	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE (A. BUILDING B. WING	CONSTRUCTION	COM	te survey Mpleted 20/2023
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TAG	participants of wh whom to contact i (iv) Maintain docu (v) If the emerger and procedures a PACE must condu- policies and proce *[For LTC Facilitie Training Program of the following: (i) Initial training ir policies and proce existing staff, indiv under arrangemen consistent with the (ii) Provide emerg at least annually. (iii) Maintain docu preparedness trai (iv) Demonstrate s	es at §483.73(d):] (1) . The LTC facility must do all a emergency preparedness edures to all new and viduals providing services nt, and volunteers, eir expected role. ency preparedness training mentation of all emergency ning. staff knowledge of dures.	TAG	DEFICIENCY)		DATE
	CORF must do all (i) Provide initial the preparedness politinew and existing a services under and consistent with the (ii) Provide emergent at least every 2 yes (iii) Maintain docu (iv) Demonstrate as emergency process must be oriented as	raining in emergency cies and procedures to all staff, individuals providing rangement, and volunteers, eir expected roles. ency preparedness training				
	emergency plan w workday. The train	vithin 2 weeks of their first ning program must include ocation and use of alarm				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	A. BUILDING B. WING	CONSTRUCTION	C01	TE SURVEY MPLETED 20/2023
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TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLETIO DATE
	equipment. (v) If the emerge and procedures a CORF must cond policies and proce *[For CAHs at §48 program. The CAI following: (i) Initial training in policies and proce reporting and exti protection, and wh of patients, person prevention, and ca and disaster author existing staff, indi- under arrangement consistent with the (ii) Provide emerge at least every 2 ye (iii) Maintain docu (iv) Demonstrate a emergency proce (v) If the emerge and procedures a CAH must conduct policies and proce *[For CMHCs at §] The CMHC must emergency prepa procedures to all individuals providi arrangement, and their expected role documentation of must demonstrate	85.625(d):] (1) Training H must do all of the a emergency preparedness edures, including prompt nguishing of fires, here necessary, evacuation anel, and guests, fire poperation with firefighting porties, to all new and viduals providing services at, and volunteers, eir expected roles. ency preparedness training ears. mentation of the training. staff knowledge of dures. ncy preparedness policies re significantly updated, the et training on the updated edures. 485.920(d):] (1) Training. provide initial training in redness policies and new and existing staff, ng services under volunteers, consistent with				

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 12/20/2023 15G442 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 402 EWING LN **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE CMHC must provide emergency preparedness training at least every 2 years. Based on record review and interview, the facility E 0037 E 037 EP Training Program: 01/31/2024 failed to ensure staff received training in regards to emergency preparedness policies and 1.The administrator will ensure procedures. The ICF/IID facility must do all of the the emergency plan policies and following: (i) Provide initial training in emergency procedures initial training in preparedness policies and procedures to all new emergency preparedness policies and existing staff, individuals providing services and procedures to all new and under arrangement, and volunteers, consistent existing staff, annual emergency with their expected roles; (ii) Provide emergency training, documentation of the preparedness training at least every two years; training and staff demonstration of (iii) Maintain documentation of the training; (iv) knowledge of the emergency Demonstrate staff knowledge of emergency procedures is completed and procedures in accordance with 42 CFR 483.475(d) present in the EPP manual. The (1). This deficient practice could affect all ResCare "On The Job" training occupants. checklist will be updated to include initial training in Findings include: emergency preparedness of all new employees. The annual Based on review of "Emergency/Disaster training requirements list will also Preparedness Manual-Ewing Lane" be updated to include the training documentation dated 05/18/22 with the Program of all existing employees. Director during record review from 1:40 p.m. to 2. The residential manager, area 2:50 p.m. on 12/20/23, documentation of staff supervisor and program manager training on the emergency preparedness plan will provide initial training to all within the most recent two year period was not new staff and the ResCare trainer available for review. Based on interview at the will provide annual training to time of record review, the Program Director stated existing staff. Testing results will staff training documentation on emergency be available to demonstrate staff preparedness policies and procedures within the knowledge of emergency most recent two year period was not available for procedures. The training and review at the time of the survey. testing documentation will be present in the Emergency These findings were reviewed with the Program Disaster Preparedness Manual/HR Director during the exit conference. personnel files for reference as needed. The associate executive director will review the training documentation to ensure it has been completed and is present. Event ID: 7FKA21 Facility ID: 000956 Page 6 of 36 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

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01/25/2024

	R MEDICARE & MEDI	1					MB NO. 0938-039	
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	A.	MULTIPLE CO BUILDING WING	ONSTRUCTION	СОМ	te survey 1pleted 20/2023	
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E 0039 Bldg	403.748(d)(2), 41 441.184(d)(2), 48 483.73(d)(2), 484 485.68(d)(2), 485 486.360(d)(2), 485 486.360(d)(2), 485 §485.625(d)(2), §4 §460.84(d)(2), §4 §483.475(d)(2), § §485.625(d)(2), § (2), §491.12(d)(2) *[For ASCs at §4 OPO, "Organizat CMHCs at §485.' §491.12, and ES (2) Testing. The exercises to test	6.54(d)(2), 418.113(d)(2), 32.15(d)(2), 483.475(d)(2), 32.15(d)(2), 483.475(d)(2), 3.102(d)(2), 485.625(d)(2), 3.727(d)(2), 485.920(d)(2), 3.727(d)(2), 494.62(d)(2) 3.727(d)(2), §441.184(d)(2), 3.82.15(d)(2), §443.73(d)(2), 3.484.102(d)(2), §483.73(d)(2), 3.485.727(d)(2), §485.920(d)			The safety committee will m and update annually as nee 3. This information is local section 22 of the Emergence Disaster Preparedness Man 4. The AED will in service Program Manager, Area Supervisor and Residential Manager on the requirement emergency preparedness the DATE OF COMPLETION: January 31, 2024 Persons Responsible: AED Program Manager, Area Supervisor, and Residential Manager, DSP.	eded. ted in xy nual the nt of rraining		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2) (i) of this section is conducted, that may include, but is not limited to the following:	REFIX (EACH CORRECTIVE A	7130 NOF CORRECTION (X5) ACTION SHOULD BE TO THE APPROPRIATE COMPLETIO
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION P TAG REGULATORY OR LSC IDENTIFYING INFORMATION following: (i) (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2) (i) of this section is conducted, that may include, but is not limited to the following:	REFIX (EACH CORRECTIVE A CROSS-REFERENCED)	ACTION SHOULD BE TO THE APPROPRIATE
 (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2) (i) of this section is conducted, that may include, but is not limited to the following: 		
 community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years; or (B) If the [facility] experiences an actual natural or man-made emergency that requires activation of the emergency plan, the [facility] is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event. (ii) Conduct an additional exercise at least every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2) (i) of this section is conducted, that may include, but is not limited to the following: 		
 (A) A second full-scale exercise that is community-based or individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. *[For Hospices at 418.113(d):] (2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency 		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442		A. BUILDING		(X3) DATE SURVEY COMPLETED 12/20/2023	
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 402 EWING LN JEFFERSONVILLE, IN 47130				
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	community based (A) When a comm accessible, cond based functional (B) If the hospice man-made emergency exempt from eng scale community facility-based fun onset of the emer (ii) Conduct an a years, opposite th functional exercise of this section is include, but is no (A) A second ful community-based functional exercise (B) A mock disar (C) A tabletop ex- led by a facilitato discussion using clinically-relevant set of problem st messages, or pro- to challenge an ex- (3) Testing for hol care directly. Th exercises to test per year. The hol (i) Participate in that is community (A) When a comm accessible, cond facility-based fun	additional exercise every 2 he year the full-scale or se under paragraph (d)(2)(i) conducted, that may t limited to the following: I-scale exercise that is d or a facility based se; or ster drill; or xercise or workshop that is r and includes a group a narrated, t emergency scenario, and a atements, directed epared questions designed emergency plan. espices that provide inpatient e hospice must conduct the emergency plan twice ospice must do the following: an annual full-scale exercise					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	man-made emerg of the emergency exempt from enga full-scale commun functional exercise emergency event. (ii) Conduct an ad that may include, following: (A) A second full- community-based functional exercise (B) A mock disas (C) A tabletop ex facilitator that inclu- using a narrated, emergency scena statements, direct questions designe emergency plan. (iii) Analyze the h maintain documer exercises, and em	ency that requires activation plan, the hospice is aging in its next required hity based or facility-based e following the onset of the dditional annual exercise but is not limited to the scale exercise that is or a facility based e; or ter drill; or ercise or workshop led by a udes a group discussion clinically-relevant rio, and a set of problem ed messages, or prepared					
	§482.15(d), CAHs (2) Testing. The [f conduct exercises plan twice per yea CAH] must do the (i) Participate in a that is community (A) When a comm accessible, condu facility-based fund (B) If the [PRTF, H an actual natural of	PRTF, Hospital, CAH] must to test the emergency ar. The [PRTF, Hospital, following: an annual full-scale exercise					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MUL A. BUIL B. WINC	DING			ATE SURVEY MPLETED /20/2023
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	conduct exercises plan at least annu organization must (i) Participate in a that is community (A) When a comm accessible, condu facility-based fund (B) If the PACE ex or man-made emu activation of the e is exempt from er full-scale commun	PACE organization must to test the emergency ally. The PACE t do the following: an annual full-scale exercise					

OMB NO. 0938-039

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	RRECTION HOULD BE APPROPRIATE	(X5) COMPLETION DATE		
	2 years opposite functional exercise of this section is but is not limited (A) A second full community-based based functional (B) A mock disast (C) A tabletop ex- led by a facilitato discussion, using clinically-relevant set of problem st messages, or pre- to challenge an et (iii) Analyze the maintain docume exercises, and et the PACE's emet *[For LTC Faciliti (2) The [LTC facility (2) The [LTC facility (2) The [LTC facility (3) Participate in that is community (A) When a comm accessible, cond facility-based fund (B) If the [LTC fa actual natural or requires activation LTC facility is exer- required a full-sc individual, facility	an additional exercise every the year the full-scale or se under paragraph (d)(2)(i) conducted that may include, to the following: I-scale exercise that is d or individual, a facility exercise; or ster drill; or xercise or workshop that is r and includes a group g a narrated, t emergency scenario, and a atements, directed epared questions designed emergency plan. PACE's response to and entation of all drills, tabletop mergency events and revise rgency plan, as needed. es at §483.73(d):] lity] must conduct exercises ency plan at least twice per nannounced staff drills using rocedures. The [LTC facility, the following: an annual full-scale exercise is not uct an annual individual,						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAY	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	A. BUILDING B. WING	DNSTRUCTION	CO	te survey Mpleted 20/2023	
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	that may include, following: (A) A second full- community-based based functional e (B) A mock disas (C) A tabletop ex- led by a facilitator discussion, using clinically-relevant set of problem star messages, or pre- to challenge an er (iii) Analyze the [I response to and n all drills, tabletop e events, and revise emergency plan, a *[For ICF/IIDs at § (2) Testing. The IC exercises to test t twice per year. The following: (i) Participate in a that is community (A) When a comm accessible, condu- facility-based func- (B) If the ICF/IID e natural or man- activation of the e is exempt from en full-scale communi- facility-based func- onset of the emer- (ii) Conduct an ad	ter drill; or ercise or workshop that is includes a group a narrated, emergency scenario, and a tements, directed pared questions designed mergency plan. _TC facility] facility's naintain documentation of exercises, and emergency e the [LTC facility] facility's as needed. 483.475(d)]: CF/IID must conduct he emergency plan at least e ICF/IID must do the n annual full-scale exercise -based; or nunity-based exercise is not ct an annual individual, tional exercise; or. experiences an actual ade emergency that requires mergency plan, the ICF/IID gaging in its next required ity-based or individual, tional exercise following the					

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTII A. BUILDI B. WING		STRUCTION	со	ate survey mpleted /20/2023		
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(X4) ID			SUMMARY STATEMENT OF DEFICIENCIE		ID		PROVIDER'S PLAN OF COR	RECTION	(X5)
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TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TA	G	DEFICIENCY)		DATE		
	community-based funct (B) A mock disast (C) A tabletop exec led by a facilitator discussion, using clinically-relevant set of problem star messages, or pre- to challenge an er (iii) Analyze the IC maintain documer exercises, and err the ICF/IID's emer *[For HHAs at §48 (d)(2) Testing. The exercises to test t least annually. Th following: (i) Participate in a community-based (A) When a c is not accessible, individual, facility- every 2 years; or. (B) If the HH natural or man-ma activation of the e exempt from enga full-scale community- facility based func- onset of the emer- (ii) Conduct an ad years, opposite th	tional exercise; or er drill; or ercise or workshop that is and includes a group a narrated, emergency scenario, and a tements, directed bared questions designed mergency plan. CF/IID's response to and ntation of all drills, tabletop mergency events, and revise rgency plan, as needed. 34.102] e HHA must conduct he emergency plan at e HHA must do the full-scale exercise that is ; or ommunity-based exercise conduct an annual based functional exercise A experiences an actual ade emergency plan, the HHA is aging in its next required nity-based or individual, tional exercise following the							

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G442		A. BUILDING B. WING	CONSTRUCTION	COMI	e survey pleted 0/2023		
	PROVIDER OR SUPPLIEF	LTERNATIVES SE IN	402 E	T ADDRESS, CITY, STATE, ZIP EWING LN ERSONVILLE, IN 47130	COD			
(X4) ID			SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CO	PRECTION	(X5)
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TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE		
	 (B) A mock d (C) A tabletop is led by a facilitat discussion, using clinically-relevant set of problem state messages, or prepto to challenge an erres (iii) Analyze the H maintain documere exercises, and erres the HHA's emerged *[For OPOs at §44 (d)(2) Testing. The exercises to test to OPO must do the (i) Conduct a paperor workshop at lease exercise is led by group discussion, relevant emergen problem statement problem statement prepared question exercises, and erres of the emergency plan. If actual natural or maintain document exercises, and erres of the emergency (ii) Analyze the OI maintain document exercises, and erres the [RNHCI's and needed. *[RNCHIs at §403 	tional exercise; or isaster drill; or o exercise or workshop that or and includes a group a narrated, emergency scenario, and a tements, directed bared questions designed nergency plan. HA's response to and tation of all drills, tabletop nergency events, and revise ency plan, as needed. 36.360] e OPO must conduct he emergency plan. The following: er-based, tabletop exercise ast annually. A tabletop a facilitator and includes a using a narrated, clinically cy scenario, and a set of ts, directed messages, or us designed to challenge an f the OPO experiences an nan-made emergency that of the emergency plan, the om engaging in its next kercise following the onset event. PO's response to and nation of all tabletop nergency events, and revise OPO's] emergency plan, as						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	x1) provider/supplier/clia identification number 15G442	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/20/2023		
	PROVIDER OR SUPPLI	^{BR} ALTERNATIVES SE IN		402 EV	ADDRESS, CITY, STATE, ZIP COD VING LN RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	RNHCI must do (i) Conduct a par at least annually group discussion narrated, clinical scenario, and a s directed messag designed to chal (ii) Analyze the F maintain docume exercises, and e the RNHCI's em Based on record r failed to conduct a emergency plan o emergency proceed do all of the follow full-scale exercise a. When a commu accessible, conduct facility-based fund b. If the ICF/IID f natural or man-ma activation of the e facility is exempt full-scale commun facility-based fund (ii) Conduct an ad include, but is not a. A second full-sc community-based functional exercise b. A mock disaste c. A tabletop exer facilitator that inc a facilitator, using emergency scenar	per-based, tabletop exercise A tabletop exercise is a hed by a facilitator, using a ly-relevant emergency set of problem statements, les, or prepared questions lenge an emergency plan. RNHCI's response to and entation of all tabletop mergency events, and revise ergency plan, as needed. eview and interview, the facility at least two exercises to test the n an annual basis using the hures. The ICF/IID facility must wing: (i) Participate in an annual ethat is community-based; or nity-based exercise is not et an annual individual, ctional exercise. acility experiences an actual ade emergency that requires mergency plan, the ICF/IID from engaging its next required nity-based or individual, -scale functional exercise for 1 e onset of the actual event. ditional exercise that may limited to the following: cale exercise that is or an individual, facility-based e.	ΕO	039	 E 039 EP Training Requirements: 1 The administrator will er the participation in a full-scale community based exercise ar table top exercise is present in EPP manual. 2 A full scale community based drill The Great Shake of on Thursday the 19th of Octol 2023 a second tabletop exerci- will be completed on January 2024. 3 The area supervisor and program manager will ensure documentation of the table top exercise and the community based exercise are present in Emergency Disaster Preparedness Manual for reference as needed. The associate executive director w review the training documenta to ensure it has been complet and is present. The safety committee will review and upon 	e nd a n the out ber ise 7 30, d the vill ation red	01/31/202

	NT OF DEFICIENCIES OF CORRECTION	x1) provider/supplier/clia identification number 15G442	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/20/2023	
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(X4) ID PREFIX TAG	(EACH DEFICIE REGULATORY (Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION d to challenge an emergency	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY) annually as needed. 4 This information is located		
	(iii) Analyze the I maintain documen exercises, and em ICF/IID facility's accordance with 4	CF/IID facility's response to and ntation of all drills, tabletop ergency events, and revise the emergency plan, as needed in 42 CFR 483.475(d)(2). ctice could affect all occupants.		 section 22 of the Emergency Disaster Preparedness Manual 5 Dated Documentation will provided showing the completion of a tabletop exercise 6 The AED will in service the Program Manager, Area 	be on	
	Findings include:			Supervisor and Residential Manager on the requirement of		
	Preparedness Mar documentation da Director during re 2:50 p.m. on 12/2 two exercises con twelve month per using the emerger available for revie time of record rev the facility just co preparedness exer not documented a mock drill, works exercise within th period and agreed available for revie	ted 05/18/22 with the Program cord review from 1:40 p.m. to 0/23, documentation for at least ducted within the most recent tod to test the emergency plan ney procedures was not ew. Based on interview at the iew, the Program Director stated mpleted an emergency cise but agreed the facility has community based disaster drill, hop or conducted a tabletop e most recent twelve month testing documentation was not ew at the time of the survey.		 conducting an annual communities based exercise and maintaining documentation. 7 All supervisory staff responsible for maintaining drill will be retrained to ensure each group home is completing the drills per LSC. Ongoing monitor will be achieved by the Quality Assurance Department maintaining a tracking spreadsheet to ensure all drills completed per the calendar. Persons Responsible: AED, Program Manager, Area Supervisor, and Residential Manager, DSP Quality Assurant DATE OF COMPLETION: January 31, 2024 	ity g s ring are	
< 0000						
Bldg. 01	conducted by the	le Recertification Survey was Indiana Department of Health in 2 CFR 483.470(j).	K 0000			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/25/2024

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G442		(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION <u>01</u>	СОМ	e survey pleted 0/2023	
	PROVIDER OR SUPPLIEF	LTERNATIVES SE IN	402 EV	ADDRESS, CITY, STATE, ZIP C VING LN RSONVILLE, IN 47130	OD	
(X4) ID PREFIX	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S)	HOULD BE	(X5) COMPLETIO
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
	Survey Date: 12/20					
	Community Alterna compliance with Re Medicaid, 42 CFR a from Fire and the 2 Protection Associat Code (LSC), Chapt Board and Care Oce This one story facil sprinkled. The faci hard wired smoke d common living area The facility has a ca of 8 at the time of the Calculation of the F (E-Score) using NF	15G442 244760 Code survey, Res Care atives SE IN was found not in equirements for Participation in Subpart 483.470(j), Life Safety 012 edition of the National Fire ion (NFPA) 101, Life Safety er 33, Existing Residential cupancies. ity was determined to be fully lity has a fire alarm system with letection in the corridors, as and all client sleeping rooms. apacity of 8 and had a census his survey. Evacuation Difficulty Score PA 101A, Alternative Safety, Chapter 6, rated the				
(\$100		npleted on 01/02/24				
< S100 Bldg. 01	NFPA 101 General Requiren General Requiren 2012 EXISTING	nents - Other				
	Section 33.1 or 33 that are not addre K-tags, but are de along with the app	RKS section any LSC B.2 General Requirements ssed by the provided ficient. This information, blicable Life Safety Code or tation, should be included B7.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING			(X3) DATE SURVEY COMPLETED 12/20/2023	
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN		402 EV	address, city, state, zip cod VING LN RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	failed to ensure 1 of were arranged to s fire alarm system a passage of smoke. provisions of Chap Section 4.6.12.4 rd system, condition, protection, fire-res other feature requi inspection, or open shall be tested, ins in applicable NFP. practice could affe Findings include: Based on observat during a tour of th p.m. on 12/20/23, living room was h with a wall mount set to release with was equipped with the door into the d fully self close and tested to close mut mechanism failed plate on the door f multiple times. Ba the observations, t smoke barrier doo latch into the door multiple times.	ion and interview, the facility of 2 smoke barrier doors which elf close or automatic close with activation would resist the LSC Section 33.1.1.3 states the oter 4, General, shall apply. LSC equires any device, equipment, arrangement, level of distive construction, or any ring periodic testing, ration to ensure its maintenance pected, or operated as specified A standards. This deficient first all clients, staff and visitors.	KS	100	 K0100 General Requirements Other: 1. The Area Supervisor will in-service the facility staff on ensuring smoke barrier doors remain free of and obstacle th will prevent the smoke barrier from closing. 2. ResCare Maintenance will adjust closing and latching mechanism to ensure self-close door latches to door frame. 3. Random monthly site review will be conducted by a member ResCare's Administrative Tea ensure smoke barrier doors remain free from obstacles that would prevent them from closi properly, and doors latch to fra as required. Persons Responsible: Prograt Manager, Area Supervisor, an Residential Manager, DSP 	at door se ws er of m to it ng ame	01/15/202
(S222	NFPA 101 Egress Doors						

DEPARTMENT OF HEALTH AN	D HUMAN SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G442		(X2) MULTIPLE C A. BUILDING B. WING	<u>01</u>	(X3) DATE SURVEY COMPLETED 12/20/2023	
	PROVIDER OR SUPPLI RE COMMUNITY	^{ER} ALTERNATIVES SE IN	402 E\	ADDRESS, CITY, STATE, ZIP COD WING LN RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICII	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL 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. 01	escape shall not Bathroom doors inches. Doors al closet door latch the inside in cass bathroom door s opening from the emergency whe means of escap egress when the Delayed egress 7.2.1.6.1 shall b only. Access-co complying with 7 Forces to open of 7.2.1.4.5. Door-latching de 7.2.1.5.10. Corri positive latching are prohibited. Door assemblies required to swin travel shall be in than annually in 33.2.2.5.1 throug 483.470(j)(1)(ii) Based on observa failed to ensure 4 of 3 bathroom doo can rescue clients become locked. affect all clients af Findings include: Based on observa	s of travel to a means of be less than 28 inches. shall not be less than 24 re swinging or sliding. Every shall be readily opened from e of an emergency. Every shall be designed to allow e outside during an n locked. No door in any e shall be locked against e building is occupied. locks complying with e permitted on exterior doors ntrolled egress locks 7.2.1.6.2 shall be permitted. doors shall comply with dor doors are provided with hardware, and roller latches s for which the door leaf is g in the direction of egress spected and tested not less accordance with 7.2.1.15. gh 33.2.2.5.7, 33.7.7, 42 CFR tion and interview, the facility of 8 client bedroom doors and 2 ors were arranged such that staff in an emergency if the doors Chis deficient practice could nd staff.	K \$222	1.The Program Manager will ensure all bathroom and bedroor doors allow opening from the outside during an emergency when locked. New door knobs th do not require a special tool or ke will be installed by ResCare Maintenance by January 31, 202 2.Program manager will inspect installed door knobs to ensure th standard is met. Residential	at ey 4.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 12/20/2023 15G442 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 402 EWING LN **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE. IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE p.m. on 12/20/23, 4 of 8 client bedroom doors and Manager with inspect operation of 2 of 3 bathroom doors each had an operable lock installed door knobs monthly to on the door which required a key to unlock from ensure correct operation. Area the corridor side of the door. Each door had a Supervisor and Program Manager thumb twist release device on the the room side of will conduct periodic inspections. the door but no key was available to unlock the door from the corridor side of the door. Based on interview at the time of the observations, the Persons Responsible: Program Program Director agreed keys were not available Manager, Area Supervisor, and to unlock each door from the corridor side of the Residential Manager, DSP. door. ResCare Maintenance Manager. These findings were reviewed with the Program Director during the exit conference. K S345 **NFPA 101** Fire Alarm System - Testing and Bldg. 01 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 record review and interview, the K S345 1. The administrator will ensure 01/31/2024 facility failed to ensure all fire alarm system annual functional testing for initiating devices were tested in accordance with initiating devices such as smoke the schedules for testing frequency in NFPA 72. detectors, release devices, and LSC Section 33.2.3.4.1 states a manual fire alarm fire alarm boxes is performed by system shall be provided in accordance with Koorsen Fire and Security on the Section 9.6, unless the provisions of 33.2.3.4.1.1 or fire alarm system and that reports 33.2.3.4.1.2 are met. LSC Section 9.6.1.3 states a of the tests/inspections are fire alarm system required for life safety shall be available in the facility for review. installed, tested, and maintained in accordance 2. The administrator will ensure with the applicable requirements of NFPA 70, smoke sensitivity testing and 7FKA21 Event ID: Facility ID: 000956 If continuation sheet Page 21 of 36 FORM CMS-2567(02-99) Previous Versions Obsolete

01/25/2024

PRINTED:

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 12/20/2023 15G442 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 402 EWING LN **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE, IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE National Electric Code and NFPA 72, National Fire documentation is available from Alarm and Signaling Code. NFPA 72, 2010 fire alarm system inspection is Edition, Section 14.4.5 states testing shall be completed Koorsen Fire and performed in accordance with the schedules in Security and that reports of the Table 14.4.5. Table 14.4.5 requires alarm tests/inspections are available in notification appliances, batteries, and initiating the facility for review. Koorsen devices to be tested at least annually. This Fire and Security will also forward deficient practice could affect all clients, staff, and inspection reports to the QA visitors. Manager for monitoring of completion. Findings include: Persons Responsible: Program Based on record review with the Program Director Manager, Area Supervisor, from 1:40 p.m. to 2:50 p.m. on 12/20/23, fire alarm Residential Manager, Maintenance system inspection and testing documentation for Manager the most recent twelve month period was not available for review. Based on interview at the time of record review, the Program Director agreed fire alarm system inspection and testing documentation for the most recent twelve month was not available for review. These findings were reviewed with the Program Director during the exit conference. 2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Section 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually: a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) Event ID: 7FKA21 Facility ID: 000956 Page 22 of 36 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

01/25/2024

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING			co 12	(X3) DATE SURVEY COMPLETED 12/20/2023	
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN		402 EW	ADDRESS, CITY, STATE, ZIP C 'ING LN RSONVILLE, IN 47130	OD		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIC DATE	
	d. Notification app e. Magnetic hold-c	liances						
	Findings include:							
	from 1:40 p.m. to 2 documentation of a system inspection month period was on interview at the Program Director s inspection docume review and agreed semi-annual visual	view with the Program Director 2:50 p.m. on 12/20/23, a visual semi-annual fire alarm within the most recent twelve not available for review. Based time of record review, the stated fire alarm system intation was not available for documentation for a fire alarm system inspection cent twelve month period was eview.						
	These findings were Director during the	re reviewed with the Program e exit conference.						
	facility failed to en were within their 1 range. LSC Section alarm system shall Section 9.6. Section system shall be inst accordance with the NFPA 72, Nationa 2010 Edition, Sect sensitivity shall be installation, and 14 year thereafter. At calibration test, if so the detector has rem marked sensitivity	review and interview, the sure all facility smoke detectors isted and marked sensitivity in 33.2.3.4.1 states a manual fire be provided in accordance with on 9.6.1.3 states a fire alarm talled, tested and maintained in e applicable requirements of 1 Fire Alarm Code. NFPA 72, ion 14.4.5.3.1 states detector checked within 1 year of 4.4.5.3.2 states every alternate firer the second required sensitivity tests indicate that mained within its listed and range, the length of time in tests shall be permitted to be						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G442		î î		01	co 12	ate survey mpleted /20/2023
	PROVIDER OR SUPPLI	ER ALTERNATIVES SE IN		402 EW	ADDRESS, CITY, STATE, ZIP CO /ING LN RSONVILLE, IN 47130	OD	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AL DEFICIENCY)	OULD BE	(X5) COMPLETIC DATE
	frequency is exter nuisance alarms a alarms shall be m where nuisance al previous year, cal To ensure that each listed and marked tested using any of (1) Calibrated test (2) Manufacturer ⁴ instrument. (3) Listed control purpose. (4) Smoke detector arrangement where at the control unit its listed sensitivit (5) Other calibrator to the authority ha Detectors found to listed and marked cleaned and recali The detector sens measured using an an unmeasured con detector. This dei clients, staff, and Findings include: Based on record r from 1:40 p.m. to detector sensitivit the most recent tw for review. Based record review, the detector sensitivit	method. s calibrated sensitivity test equipment arranged for the or/fire alarm control unit reby the detector causes a signal where its sensitivity is outside and the sensitivity method acceptable wing jurisdiction. To have sensitivity outside the sensitivity range shall be brated, or replaced. titvity cannot be tested or my spray device that administers ncentration of aerosol into the ficient practice could affect all					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	ATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER 15G442		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING		(X3) DATE SURVEY COMPLETED 12/20/2023	
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(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN O	DF CORRECTION	(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX		TION SHOULD BE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENC	CY)	DATE
	These findings we Director during the	re reviewed with the Program e exit conference.				
K S351	NFPA 101					
	Sprinkler System	- Installation				
Bldg. 01	Sprinkler System					
U -		atic sprinkler system is				
	installed, for eithe					
		e, the system shall be in				
	accordance with	Section 9.7 and				
	shall initiate the f	ire alarm system in				
	accordance with	Section 9.6, as				
	modified below.	The adequacy of the water				
	supply shall be d	ocumented.				
	In Prompt Evacu	ation facilities, an automatic				
	sprinkler system					
		Standard for the Installation				
	of Sprinkler Syste					
	-	wellings and Manufactured				
	Homes, shall be	•				
		lers shall not be required in				
	closets not excee					
		poms not exceeding 55				
	square feet, prov					
		ed with lath and plaster or				
	materials providin thermal barrier.	iya io-minute				
		ation Capability facilities				
	where an automa					
		ordance with NFPA 13,				
	Standard for the					
		s, automatic sprinklers shall				
	not be required in	•				
		uare feet and in bathrooms				
	not exceeding 55					
	•	h spaces are finished with				
	lath and plaster o	-				
		inute thermal barrier.				
	In Prompt Evacu	ation Capability facilities in		1		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND PLAN	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	A. BUILDING B. WING	<u>01</u>	DATE SURVEY COMPLETED 12/20/2023
	PROVIDER OR SUPPLIEI RE COMMUNITY A	R LTERNATIVES SE IN	402 E	t address, city, state, zip cod EWING LN ERSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
	with NFPA 13R, S Installation of Spr Residential Occup including Four Sto permitted. Initiation of the fire required for existi installations in acc Where an automa attics used for livi storage, or fuel-fir protected by July living purposes, s equipment meet of 1. Protected by he activate the fire al according to 9.6. 2. Protected by au according to 9.6. 2. Protected by au according to 9.7. 3. Constructed of limited-combustib 4. Constructed of according to NFP 33.2.3.5.3, 33.2.3 33.2.3.5.3.4, 33.2 1. Based on record interview; the facili was fully sprinkler exceptions per LSC practice could affect Findings include: Based on record rec from 1:40 p.m. to 2 inspection document	e, systems in accordance Standard for the inkler Systems in pancies up to and pries in Height, shall be e alarm system shall not be ng cordance with 33.2.3.5.6. atic sprinkler is installed, ng purposes, red equipment are sprinkler 5, 2019. Attics not used for torage, or fuel-fired one of the following: eat detection system to arm system utomatic sprinkler system noncombustible or le construction; or fire-retardant-treated wood	K S351	 The administrator will ensure sprinkler head or sprinkler coverage is provided meets NFP/ 13, Section 8.6.3.4, "Minimum Distance between Sprinklers", verifying sprinklers shall be spaced not less than 6 feet on center. Bids will be collected by January 31,2024 for reinstallation of sprinkler heads, contractor will be selected by February 15,2024 and installation will be complete 	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2024 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDE		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION <u>01</u>	(X3) DATE SURVEY COMPLETED 12/20/2023
	ROVIDER OR SUPPLIE	R R ALTERNATIVES SE IN	402 EV	ADDRESS, CITY, STATE, ZIP COD VING LN RSONVILLE, IN 47130	
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	(X5) COMPLETIO
				CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG	Based on interview the Program Direct documentation and documentation for period was not ava observations with a tour of the facility 12/20/23, access to Based on interview observations, the P not be assured the sprinkler coverage by the Life Safety These findings wer Director during the 2. Based on observe failed to ensure a c system was installed 2010 Edition, Stan Sprinkler Systems, for all portions of t 8.6.3.4, "Minimum states sprinklers shi feet on center. In a existing life safety requirements for ex- further diminished affect all clients, st Findings include: Based on observatid during a tour of the p.m. on 12/20/23, t sprinklers installed were installed less	rogram Director agreed it could attic was provided with or met an exception as allowed Code. re reviewed with the Program e exit conference. ation and interview, the facility omplete automatic sprinkler ed in accordance with NFPA 13, dard for the Installation of to provide complete coverage he building. NFPA 13, Section Distance between Sprinklers", all be spaced not less than 6 addition, LSC 4.6.7.5 requires features that do not meet the ew buildings, but exceed the kisting buildings shall not be . This deficient practice could	TAG	by March 31, 2024. Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Mainten Manager *****Update 1/23/2023***** 1 The Program Manager m with ResCare Maintenance Manage to ensure proper attic access is available for the inspection of Attic Heat Detect and sprinkler system. 2 The maintenance Manager received bids for the installation additional attic hatches and wo will be complete no later than February 15, 2024. 3 The program Manager w verify work and report any issuer the AED immediately.	n ance batter ors ger n of ork ill

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	A. BUILDING B. WING		Cor 12/	nte survey Mpleted 120/2023
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	402	EET ADDRESS, CITY, STAT EWING LN FERSONVILLE, IN 47		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	CROSS-REFERENCED	TO THE APPROPRIATE	(X5) COMPLETION DATE
K S353 Bldg. 01	bedroom were inst sprinklers installed 48.5 inches apart. with a measuring t time of the observa ceiling mounted sp client bedrooms we one another. These findings were Director during the NFPA 101 Sprinkler System 2012 EXISTING NFPA 13 and 131 All sprinkler System for the Installation Residential Occu Four Stories in H and maintained in Standard for Insp Maintenance of V System. NFPA 13D Syste Sprinkler Systems with NFPA 13D, Syste Sprinkler Systems Maintenance of V System. NFPA 13D Syste Sprinkler Systems with NFPA 13D, Syste	- Maintenance and Testing - Maintenance and Testing (Prompt) R Systems ems installed in accordance andard for the Installation of s, and NFPA 13R, Standard n of Sprinkler Systems in pancies Up To and Including eight, are inspected, tested n accordance with NFPA 25, ection, Testing and Vater Based Fire Protection ms s installed in accordance Standard for the Installation ems in One- and Two-Family anufactured Homes, are and maintained in the following requirements of es inspected monthly (NFPA				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMEN						E CLIDATEST
	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	č - 1	E SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	01		PLETED
		15G442	B. WING		12/2	0/2023
NAME OF F	PROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZI	P COD	
			_	EWING LN	_	
RES CAI	RE COMMUNITY A	LTERNATIVES SE IN	JEF	ERSONVILLE, IN 47130)	
X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	CROSS-REFERENCED TO TH	HE APPROPRIATE	COMPLETI
TAG		LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
		s inspected quarterly				
	(NFPA 25, section					
		s tested semiannually				
	(NFPA 25, sectior					
	5. Valve supervi	sory switches tested				
	semiannually (NFI	PA 25, section 13.3.3.5).				
		lers inspected annually				
	((NFPA 25, sectio					
		spected annually (NFPA				
	25, section 5.2.2).					
	,	angers inspected annually				
	(NFPA 25, section					
	•	bected annually prior to				
		for adequate heat for water				
	-	λ 25, section 5.2.5).				
		ative sample of fast				
		rs are tested at 20 years				
	(NFPA 25, section					
		ative sample of dry pendant				
		ed at 10 years (NFPA 25,				
	section 5.3.1.1.15	·				
	12. Antifreeze se	olutions are tested annually				
	(NFPA 25, sectior	n 5.3.4).				
	13. Control valve	es are operated through				
	their full range and	d returned to normal				
	annually (NFPA 2	5, section 13.3.3.1).				
		ems of OS&Y valves are				
		y (NFPA 25, section				
	13.3.4).	· ·				
	· ·	tems extending into				
		of the building are				
		and maintained (NFPA 25,				
	section 13.4.4).					
		system last checked and				
	necessary mainter					
	B. Show who prov	ided the service.				
	C. Note the source automatic sprinkle	e of the water supply for the r system.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES	

OMB	NO.	0938-039

	OF CORRECTION	OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA CORRECTION IDENTIFICATION NUMBER 15G442		VILDING	01	(X3) DATE SURVEY COMPLETED 12/20/2023	
	PROVIDER OR SUPPLIE RE COMMUNITY A	R ALTERNATIVES SE IN		402 EV	ADDRESS, CITY, STATE, ZIP COD VING LN RSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROI DEFICIENCY)	BE	(X5) COMPLETION DATE
	coverage for any automatic sprinkl 33.2.3.5.3, 33.2.3 and NFPA 25 1. Based on record interview; the facil system inspections for eleven months month period. NF Inspection, Testing Water-Based Fire Edition, Section 5. sprinkler systems s ensure that they ar normal water supp Section 5.1.2 state: connections shall to maintained in accor Section 13.1.1.2 st utilized for inspect valves, valve comp states records shall tests, and maintena components and sh authority having ju deficient practice of visitors in the facil Findings include: Based on record re from 1:40 p.m. to 2 sprinkler system most recent twelve available for review sprinkler system ge	2.5.8, 9.7.5, 9.7.7, 9.7.8, review, observation and ity failed to document sprinkler in accordance with NFPA 25 of the most recent twelve PA 25, Standard for the g, and Maintenance of Protection Systems, 2011 2.4.1 states gauges on wet pipe hall be inspected monthly to e in good condition and that by pressure is being maintained. s valves and fire department be inspected, tested, and rdance with Chapter 13. ates Table 13.1.1.2 shall be ion, testing and maintenance of conents and trim. Section 4.3.1 be made for all inspections, nce of the system and its hall be made available to the risdiction upon request. This ould affect all clients, staff and	KS	353	 The Program Manager ensure monthly sprinkler ga inspections and monthly co- valve inspections are condu- by the ResCare maintenan coordinator, documentation maintained on site and a co- kept with ResCare Mainten Manager. The program manager conduct random monthly inspections to ensure mont quarterly inspections are be preformed as required. The administrator will Fire and Security Contractor conducts quarterly sprinkle inspections and that the rep the inspections are available facility for review and forwat the Program Manager for monitoring. Persons Responsible: Pro- Manager, Maintenance Ma Area Supervisor, Direct Sup Lead, ResCare Maintenance ******Update 1/23/2023***** Bids will be collected by January 31,2024 for reinstared 	auge ntrol ucted ce will be opy ance will hly and eing ensure or r borts of e in the rded to gram nager, oport ce.	01/31/202

DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 15G442 B. WING 12/20/2023 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 402 EWING LN **RES CARE COMMUNITY ALTERNATIVES SE IN** JEFFERSONVILLE, IN 47130 SUMMARY STATEMENT OF DEFICIENCIE (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG the most recent twelve month period was also not of sprinkler heads, contractor will

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(X5)

COMPLETION

DATE

available for review. Based on interview at the	be selected by February 15,2024
time of record review, the Program Director agreed	and installation will be complete
sprinkler system inspection and testing	by March 31, 2024.
documentation for the most recent twelve month	2.The AED contacted Koorsen
period was not available for review. Based on	Fire and security for
observations with the Program Director during a	documentation of antifreeze
tour of the facility from 2:50 p.m. to 3:15 p.m. on	testing. If documentation is
12/20/23, the facility has a supervised wet	unavailable antifreeze testing will
sprinkler system. The sprinkler system inspection	be scheduled with Northside Fire
contractor affixed a hanging tag to the sprinkler	and Security.
system riser indicating sprinkler system gauge	3.The Maintenance Manager will
and valve inspections were conducted for one	schedule antifreeze test to be
month of the most recent twelve month period in	complete no later than March 31,
February 2023.	2024.
reordary 2023.	
These findings were reviewed with the Program	4. The Maintenance Manger
	contacted Northside Fire and
Director during the exit conference.	Security for the installation of 2
	missing escutcheon plates no
2. Based on record review, observation and	later than February 15, 2024.
interview; the facility failed to document annual	5.The Maintenance Manager
testing of the sprinkler system antifreeze solution	contacted Northside Fire and
in accordance with NFPA 25 for the most recent	Security and ordered missing
twelve month period. NFPA 25, Standard for the	sprinkler heads no fewer than six
Inspection, Testing, and Maintenance of	sprinkler heads will be available.
Water-Based Fire Protection Systems, 2011	Missing sprinkler heads will be on
Edition, Section 5.3.4 states the freezing point of	site no later than February 15,
solutions in antifreeze systems shall be tested	2024.
annually by measuring the specific gravity with a	
hydrometer or refractometer and adjusting the	
solutions if necessary. Section 5.3.4.1 states	
solutions shall be in accordance with Table	
5.3.4.1(a) and Table 5.3.4.1(b). Section 4.3.1 states	
records shall be made for all inspections, tests,	
and maintenance of the system and its	
components and shall be made available to the	
authority having jurisdiction upon request. This	
deficient practice could affect all clients, staff and	
visitors.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	01	COMPI	LETED
	15G442	B. WING	<u>.</u> .	_	/2023
		CTDEET	ADDRESS, CITY, STATE, ZIP	_	
NAME OF PROVIDER OR SUPPLIE	R		/ING LN	COD	
RES CARE COMMUNITY A	LTERNATIVES SE IN		RSONVILLE, IN 47130		
(X4) ID SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CO	PRECTION	(X5)
PREFIX (EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S	SHOULD BE	COMPLETI
TAG REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
Findings include:					
	' 'd d D D' '				
	view with the Program Director				
_	:50 p.m. on 12/20/23, annual				
	ocumentation for the most				
	h period was not available for				
	nterview at the time of record				
-	n Director agreed annual				
antifreeze testing d	ocumentation for the most				
recent twelve mont	h period was not available for				
	bservations with the Program				
	our of the facility from 2:50 p.m.				
	20/23, the facility has a				
-	nkler system. Documentation				
	kler system riser indicated the				
	ntained antifreeze. The				
	spection contractor affixed a				
	prinkler system riser				
	system water flow alarm,				
	spections were conducted for				
	ost recent twelve month period				
	ut annual antifreeze testing				
documentation for	the most recent twelve month				
period was not avail	lable for review.				
These findings wer	e reviewed with the Program				
Director during the	-				
3 Based on observ	ation and interview, the facility				
	f over 10 sprinkler heads in the				
	ained. NFPA 13, Standard for				
	Sprinkler Systems, 2010 Edition,				
	es plates, escutcheons, or other				
	er the annular space around a				
-	netallic or shall be listed for use				
_	This deficient practice could				
affect all clients an	d staff in the facility.				
Findings include:					
i mango morado.					

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 OMB NO. 0938-039

 DER/SUPPLIER/CLIA
 X2) MULTIPLE CONSTRUCTION
 X3) DATE SURVEY

AND PLAN	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTI A. BUILDI B. WING	NG	01		pleted 0/2023
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	40	2 EWI	DDRESS, CITY, STATE, ZIP COD NG LN SONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	ID PREI TA	FIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETIC DATE
	during a tour of th p.m. on 12/20/23, installed in TD's b mounted sprinkler were each missing inch opening in th the time of the obs agreed the aforem each had a missing inch opening in th These findings we Director during th 4. Based on obser- failed to ensure 1 of provided with a m accordance with N the Inspection, Te Water-Based Fire Edition, Section 5 sprinklers (never ff maintained on the that have been ope can be promptly re correspond to the of the sprinklers of shall be kept in a of temperature in wh time exceed 100 d sprinklers. This all clients and staff Findings include: Based on observat	re reviewed with the Program e exit conference. vation and interview, the facility of 1 sprinkler systems were inimum of six spare sprinklers in IFPA 25. NFPA 25, Standard for sting, and Maintenance of Protection Systems, 2011 .4.1.4 states a supply of spare ewer than six) shall be premises so that any sprinklers erated or damaged in any way eplaced. The sprinklers shall types and temperature ratings in the property. The sprinklers exabinet located where the ich they are subjected will at no egrees Fahrenheit. A special shall be provided and kept in the in the removal and installation is deficient practice could affect					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442			(X3) DATE SURVEY COMPLETED 12/20/2023	
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	402 E	t address, city, state, zip cod WING LN ERSONVILLE, IN 47130		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	TE (X5) COMPLETION DATE	
K S511 Bidg. 01	were noted in the s sprinkler riser room time of the observer agreed fewer than located on the prese cabinet. These findings we Director during the NFPA 101 Utilities - Gas an Equipment using complies with NF Code, electrical we complies with NF Code, electrical we complies with NF Code. 32.2.5.1, 33.2.5. Based on observat failed to ensure elect 1 of 8 client bedro 33.2.5.1. NFPA 7 Receptacle Faceplar ecceptacle Faceplar completely cover a mounting surface. affect one client, s Findings include: Based on observat during a tour of th p.m. on 12/20/23, two electrical receed drawers in TD's be plate. Based on in observations, the F	d Electric d Electric gas or related gas piping PA 54, National Fuel Gas wiring and equipment PFA 70, National Electric 1, 9.1.1, 9.1.2 ion and interview, the facility extrical outlets were protected in oms according to Section 0, 2011 Edition, Article 406.6, ates (Cover Plates), requires res shall be installed so as to the opening and seat against the This deficient practice could	K \$511	 The Program Manager we ensure outlet box of receptacle have cover plates installed by ResCare Maintenance. The Program Manager contacted ResCare Maintenan and schedule a service call to ensure cover plates are installe as required. ResCare Maintenance we ensure the installation of outlet cover plates as required by NF 70, By January 10, 2024. Persons Responsible: Program Manager, ResCare Maintenan 	es ed ill iPA	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G442	(X2) MULTIPLE CO A. BUILDING B. WING	<u>01</u> co 12	DATE SURVEY DMPLETED 2/20/2023
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	402 EV	ADDRESS, CITY, STATE, ZIP COD VING LN RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
	its cover plate.				
	These findings we Director during the	re reviewed with the Program e exit conference.			
K S712	NFPA 101 Fire Drills				
Bldg. 01		st hold evacuation drills at r each shift of personnel and ditions to:			
	trained to perform b. Ensure that familiar with the u	all personnel on all shifts are n assigned tasks; all personnel on all shifts are use of the facility's			
	procedures. 2. The facility mu	lisaster plans and st: cuate clients during at least			
	evacuation of clie	ar on each shift; I provisions for the ents with physical			
	d. Investigate a	and evaluation on each drill; Il problems with evacuation ccidents and take corrective			
	action; and e. During fire d	rills, clients may be afe area in facilities certified			
	of the Life Safety 3. Facilities must	meet the requirements of			
	any live-in and re 42 CFR 483.470		W 0712		01/01/000
Based on record review and interview, the facil failed to provide documentation of a fire drill conducted on the first, second and third shifts for 3 of 4 quarters. This deficient practice affects a clients, staff and visitors.		ocumentation of a fire drill irst, second and third shifts for his deficient practice affects all	K S712	1.All staff at the Facility will be re-trained on conducting fire drills quarterly on all shifts. The Residential Manager will review all drills to ensure all required drills	01/31/202

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES							FORM APPROVED OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION							(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G442		A. BUILDING 01 B. WING		COMPLETED 12/20/2023				
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 402 EWING LN					
RES CA	RE COMMUNITY A	ALTERNATIVES SE IN		JEFFEI	RSONVILLE, IN 47130			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX (EACH DEFICIE		NCY MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION	
TAG	REGULATORY O	TAG		DATE				
	Findings include:				area conducted. The Prog Manager will train the Area	ram		
			Supervisor and the A		Supervisor and the Area			
	Based on review of "Emergency Evacuations				Supervisor will train all faci	ity		
	Drills" documentat			staff.				
	during record review from 1:40 p.m. to 2:50 p.m. on							
	12/20/23, documen			1.The Area Supervisor will visit				
	on the first shift in the fourth quarter (October,				the home at least monthly to ensure the drills are in the home			
	November, December) 2022, the first quarter							
	(January, February, March) 2023 and the third				and up to date.			
	quarter (July, August, September) 2023 was not available for review. Documentation of a fire drill							
				1.The Residential Manager will				
	conducted on the second shift in the first quarter 2023, the second quarter (April, May, June) 2023				submit monthly drills to the QA			
	and in the third qu			Department upon completion. The QA Department will notify the Area				
	available for review			Manager and Program manager if				
	of a fire drill condu			the facility has not performed				
				monthly drills as required.				
	fourth quarter 2022, the first quarter 2023 and in the third quarter 2023 was also not available for				montiny anno do roquirou.			
	-	interview at the time of record			1.The Area supervisor wi	I		
	review, the Program Director stated the facility			ensure drills are comple				
	operates three shift			required.				
	documentation was not available for review and							
	agreed documentation of a fire drill conducted on			1.The program manager		will		
	the first, second and third shifts in the				conduct random monthly			
	aforementioned calendar quarters was not				inspections to ensure drills are			
	available for review	Ν.			being completed as require	d.		
	These findings we	re reviewed with the Program			Persons Responsible: Pro	gram		
	Director and the H		Manager, Area Supervisor,					
	conference.			Residential Manager, DSP				

Facility ID: 000956

000956 If co

If continuation sheet Pag

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