STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G175	A. BUILDING 02 B. WING	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	3607 MIDDLE RD JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 12/27/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 02/14/23 Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190 At this PSR 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. This one story facility with a basement was fully sprinkled, except for the garage, storage room within the garage, and the breezeway between the garage and house. The facility has a fire alarm system with smoke detection on both levels including the corridors and common living areas. The facility has heat detection in the attic. The facility has a capacity of 7 and had a census of 7 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 4.0. Quality Review completed on 02/15/23	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	03/01/2023

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.

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K S168 Bldg. 02	NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING (Slow) In Slow Evacuation Capability facilities, the facility shall be housed in a building where the interior is fully sheathed with lath and plaster or other material providing a 15-minute thermal barrier, including all portions of bearing walls, bearing partitions, floor construction, and roofs. All columns, beams, girders, and trusses shall be similarly encased or otherwise shall provide not less than a 1/2-hour fire resistance rating, unless modified by the modified by the following: * Exposed steel or wood columns, girders, and beams (but not joists) located in the basement shall be permitted. * Buildings of Type I, Type II (222), Type II (111), Type III (211), Type IV, Type V (111) construction shall not be required to meet the requirements of 33.2.1.3.2 (See 8.2.1). * Areas protected by approved automatic sprinkler systems in accordance with 33.2.3.5. shall not be required to meet the requirements of 33.2.1.3.2. * Unfinished, unused, and essentially inaccessible loft, attic, or crawl space shall not be required to meet the requirements of 33.2.1.3.2. * Where the facility achieves an E-score of 3 or less using the board and care occupancies evacuation capability determination methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety. The requirements of 33.2.1.3.2 shall not apply. 33.2.1.3.2.1 through 33.2.1.3.2.7 Based on observation and interview, the facility	K S168	{K0168} Building Construction	02/17/2023

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	15G175	A. BUILDING 02 B. WING	02/14/2023

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RES CARE COMMUNITY ALTERNATIVES SE IN	3607 MIDDLE RD JEFFERSONVILLE, IN 47130

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	failed to ensure the facility was fully sheathed to provide a 15-minute thermal barrier. This deficient practice could affect all clients, staff and visitors. Findings include: Based on observations with the Qualified Intellectual Disability Professional (QIDP) at 10:30 a.m. on 02/14/23, a triangular hole was noted in the ceiling next to the ceiling mounted horn strobe in TS's bedroom which exposed the attic above. Based on interview at the time of the observations, the QIDP agreed the aforementioned opening in the ceiling did not ensure the facility was fully sheathed to provide a 15-minute thermal barrier. This finding was reviewed with the QIDP during the exit conference. This deficiency was cited on 12/27/22. The facility failed to implement a systemic plan of correction to prevent recurrence.		Type and Height CFR(s): NFPA 101 1.The administrator contacted ResCare maintenance on February 14th 2023 and directed them to repair triangular hole that was noted in the ceiling next to the ceiling mounted horn strobe in bedroom which exposed the attic above. The administrator ordered the installation of 15-minute thermal barrier. 2.On February 17th ResCare maintenance completed requested repair. Program manager verified completion of service order. Photo of repair uploaded in supporting documents. 3.The Direct Support Lead will inspect house weekly to and report any maintenance issues to the Area Supervisor and Program Manager. The Area Supervisor and Program Manager ensure all repairs are made in a timely manner. 4.A monthly site review will be conducted by a member of ResCare Management team to ensure the site remains in good repair and all maintenance issues are scheduled. Persons Responsible: Program Manager, Area Supervisor, DSL and ResCare Maintenance Manager. **DATE OF COMPLETION: Feb 17th, 2023**	

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K S258 Bldg. 02	NFPA 101 Number of Exits - Patient Sleeping and Non-Sl Number of Exits - Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Slow) In Slow Evacuation Capability facilities, the primary means of escape for each sleeping room shall not be exposed to living areas and kitchens, unless the building is protected by an approved automatic sprinkler system in accordance with 33.2.3.5 utilizing quick-response or residential sprinklers throughout. 33.2.2.2.3 Based on observation and interview, the facility failed to ensure 1 of 2 smoke barrier doors separating sleeping rooms from living areas and kitchens would resist the passage of smoke. LSC 33.1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.4 requires any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified in applicable NFPA standards. NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Section 4.8.4.2 states the clearance under the bottom of a door shall be a maximum of 3/4 inch. This deficient practice could affect all clients and staff. Findings include: Based on observations with the Qualified Intellectual Disability Professional (QIDP) at 10:10 a.m. on 02/14/23, the smoke barrier door separating the kitchen and the living room from the north hallway which contained the laundry	K S258	{K0258} Number of Exits - Patient Sleeping and Non-Sleeping CFR(s): NFPA 101 1.The administrator will ensure smoke barrier doors separating sleeping rooms from living areas resist the passage of smoke. The program manager contacted ResCare Maintenance Manager on February 14, 2023 for the repair of smoke barrier doors separating sleeping rooms from living area. 2.On February 17th ResCare Maintenance repaired the smoke barrier door separating sleeping rooms from living areas with one and three quarter inch solid bonded material ensuring less than ¾ inch clearance on the bottom of the door sweep. 3.On February 17th.the Program manager verified completion of service order. Photo of repair is uploaded in supporting	02/17/2023

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	area was held in the fully open position with a wall mounted magnetic holding device set to release with fire alarm system activation. The clearance under the bottom of the door was measured to be less than 3/4 inch but the new measurement was enabled by the facility affixing a hollow plastic door sweep at the bottom of the door which did not ensure the door was one and three quarter inch solid bonded for the entire door to maintain the fire resistance rating of the smoke barrier door. Based on interview at the time of the observations, the QIDP agreed the clearance under the bottom of the door was still greater than 3/4 inch due to a combustible door sweep affixed to the bottom of the door. This finding was reviewed with the QIDP during the exit conference. This deficiency was cited on 12/27/22. The facility failed to implement a systemic plan of correction to prevent recurrence.		documents. 4.The AED will Inservice the Program Manger Upon replacement or repair of any existing door in the facility the repair or replacement will ensure smoke barrier door meet NFPA 101. If a deficiency is found The Program Manager will contact ResCare Maintenance Manager. Persons Responsible: AED, Program Manager, Area Supervisor, DSL, ResCare Maintenance Manager. **DATE OF COMPLETION: Feb 17th, 2023**	
K S311 Bldg. 02	NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING (Prompt) Vertical openings shall be protected so as not to expose a primary means of escape. Vertical openings shall be considered protected if separated by smoke partitions in accordance with 8.2.4 that resist the passage of smoke from one story to any primary means of escape on another story. Smoke partitions shall have a fire resistance rating on not less than 1/2 hour. Any doors or openings to the vertical opening shall be capable of resisting fire for not less than 20 minutes. Stairs shall be permitted to be open where			

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	complying with sections 33.2.2.4.6 or 33.2.2.7. 33.2.3.1.1 through 33.2.3.1.4 Based on observation and interview, the facility failed to ensure 1 of 1 vertical openings was protected by smoke partitions that resist the passage of smoke and have a fire resistance rating of not less than 1/2 hour. NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition, Section 4.8.4.2 states the clearance under the bottom of a door shall be a maximum of 3/4 inch. This deficient practice could affect all clients, staff and visitors. Findings include: Based on observations with the Qualified Intellectual Disability Professional (QIDP) at 10:10 a.m. on 02/14/23, the clearance under the bottom of the smoke barrier door separating the kitchen from the basement stairwell was measured to be 1 and 1/2 inches as measured with a measuring tape when the door was in the fully closed and latched position. Based on interview at the time of the observations, the QIDP agreed the clearance under the bottom of the door was greater than 3/4 inch. This finding was reviewed with the QIDP during the exit conference. This deficiency was cited on 12/27/22. The facility failed to implement a systemic plan of correction to prevent recurrence.	K S311	{K0311} Vertical Openings – Enclosure CFR(s): NFPA 101 1.The administrator will ensure smoke barrier doors separating the kitchen from the basement stairwell areas resist the passage of smoke. The program manager contacted ResCare Maintenance Manager on February 14, 2023 for the repair of smoke barrier doors separating kitchen from the basement stairwell. 2.On February 17th ResCare Maintenance repaired the smoke barrier door separating kitchen from the basement stairwell with one and three quarter inch solid bonded material ensuring less than ¾ inch clearance on the bottom of the door sweep. 3.On February 17th.the Program manager verified completion of service order. Photo of repair is uploaded in supporting documents. 4.The AED will Inservice the Program Manger Upon replacement or repair of any existing door in the facility the repair or replacement will ensure smoke barrier door meet NFPA 101. If a deficiency is found The Program Manager will contact ResCare Maintenance Manager.	02/17/2023

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			Persons Responsible: AED, Program Manager, Area Supervisor, DSL, ResCare Maintenance Manager. **DATE OF COMPLETION: Feb 17th, 2023**	
K S353 Bldg. 02	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: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).			

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	5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided. _____ B. Show who provided the service. _____ C. Note the source of the water supply for the automatic sprinkler system. _____ (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)			

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	33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with the minimum number of spare sprinklers in a spare sprinkler cabinet on the premises for the types and temperature ratings of the sprinklers on the property. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all clients, staff and visitors. Findings include: Based on observations with the Qualified Intellectual Developmental Professional (QIDP) at 10:32 a.m. on 02/14/23, sidewall sprinklers were installed throughout the basement. No sidewall spare sprinklers were stored in the spare sprinkler cabinet in the basement next to the sprinkler system riser or on the premises. Based on interview at the time of the observations, the QIDP agreed the spare sprinkler cabinet did not contain any sidewall spare sprinklers. This finding was reviewed with the QIDP during the exit conference.	K S353	{K0353} Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 1.The Program Manager spoke with Koorsen Fire and Security on Feb 27/2023. Koorsen Fire and Security was notified of the need to supply a minimum of 2 sidewall spare sprinklers in the stored in the spare sprinkler cabinet. 2.Koorsen Fire and Security delivered a 2 sidewall spare sprinklers for the spare sprinkler cabinet before February 28th 2023. 3.The AED spoke Koorsen about of ResCare's "In Scope Services Agreement" that automatically authorizes repair/service of the fire systems and any deficiency or code changes are to be completed or repaired under this agreement and will be paid for without the need for authorization. 4.Koorsen will notify the Program Manger upon completion of all inspections to ensure any deficiencies are properly tracked and repaired. Koorsen will send documentation of all inspections, services and repair to ResCare main office at 4341 Security Parkway STE. 101 New Albany IN 47150 with in 30 days of completed service. The Program Manager will follow up to ensure	02/28/2023

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	This deficiency was cited on 12/27/22. The facility failed to implement a systemic plan of correction to prevent recurrence.		work is completed and documented as required. Persons Responsible: AED, Program Manager, Area Supervisor, DSL, ResCare Maintenance Manager. Koorsen Fire and Security Manager **DATE OF COMPLETION: Feb 28th, 2023**	
K S511 Bldg. 02	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 extension cords including power strips were not used as a substitute for fixed wiring according to 33.2.5.1. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect all clients and staff in the facility. Findings include: Based on observations with the Qualified Intellectual Disability Professional (QIDP) at 10:25 a.m. on 02/14/23, the refrigerator in the garage was plugged into an extension cord which was plugged into a power strip by the garage door.	K S511	{K0511} Utilities - Gas and Electric CFR(s): NFPA 101 1. The Program Manager removed the use of extension cord and power strip on Feb 14, 2023, and subsequently plugged both the refrigerator and freezer in separate wall receptacles on separate sides of the facility. 2. The Program Manager trained the Area Supervisor and staff to ensure extension cord and power strips are not used in the facility. 3. The Direct Support Lead will inspect house weekly to ensure	02/14/2023

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	Based on interview at the time of the observations, the QIDP agreed a power strip and an extension cord were being used as a substitute for fixed wiring in the garage. This finding was reviewed with the QIDP during the exit conference. This deficiency was cited on 12/27/22. The facility failed to implement a systemic plan of correction to prevent recurrence.		no extension cord or power strip are used in the facility. 4. A monthly site review will be conducted by a member of ResCare Management team to ensure no extension cord or power strips are used in the facility. Persons Responsible: Program Manager, ResCare Maintenance, DSL, Area Supervisor **DATE OF COMPLETION: February 14, 2023**	