STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G247	A. BUILDING -- B. WING	03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	2401 CORNWELL DR JEFFERSONVILLE, IN 47130

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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475. Survey Date: 03/05/20 Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810 At this Emergency Preparedness survey, Res Care Community Alternatives SE IN was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475. The facility has 8 certified beds. At the time of the survey, the census was 8. Quality Review completed on 03/10/20	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 03/05/20 Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810 At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in	K 0000		

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

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	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 not sprinkled. The facility has a fire alarm system with smoke detection on both levels including the corridors and common living areas. The facility has a capacity of 8 and had a census of 8 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 Prompt with an E-Score of 0.8. Quality Review completed on 03/10/20			
K S100 Bldg. 01	NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 1. Based on observation and interview, the facility failed to protect 1 of 10 oxygen cylinders in the staff office. 2012 NFPA 99, Health Care Facilities Code, 11.6.2.3(11) requires freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect all clients in the facility.	K S100	1.Oxygen cylinders will be properly stored in a cylinder stand Staff will be trained on proper storage of oxygen cylinders by Area Supervisor. 2.Random inspections of oxygen cylinder storage will be preformed by Residential Manager	04/04/2020

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	Findings include: Based on observation on 03/05/20 at 10:55 a.m. during a tour of the facility with the Program Manager, the staff office had one small oxygen E cylinder that were freestanding on the floor with no protection from being knocked over. Based on interview at the time of observation, the Program Manager acknowledged the unprotected cylinder and said he would make sure the oxygen cylinder was protected and talk to house staff so it doesn't happen in the future. 2. Based on observation and interview, the facility failed to ensure 3 of 3 interior emergency lights were tested, maintained, and the records of the testing maintained. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. (2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction. (3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the test. (5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction. This deficient practice could affect all clients and staff.		Weekly, Area Supervisor Monthly and by Program Manager quarterly. 3.The Facility will ensure interior emergency lights are tested, maintained, and records of testing are maintained. 4.The Facility will ensure interior emergency lights are tested at a minimum of 3 weeks and a maximum of 5 weeks for no less than 30 seconds, records of test will be maintained by the facility. 5.The facility will ensure a functional test is conducted annually for a minimum of 1 ½ hour for all battery powered interior emergency lights, records of the test will be maintained by the facility. Persons Responsible: Program Manager, Area Supervisor, and Residential Manager, DSP.	

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	Findings include: Based on observations on 03/05/20 between 10:15 a.m. and 11:45 a.m. during a tour of the facility with the Program Manager, the facility had three battery powered emergency light units. Based on record review between 10:15 a.m. and 11:45 a.m., there was no documentation to show the battery powered emergency lights were tested for 30 seconds monthly during the past 12 months, plus, there was no documentation available for an annual 90 minute test during the past 12 months. Based on interview at the time of record review and observations, the Program Manager said he could not find any documentation to show a 30 second monthly test for the past 12 months, or an annual 90 minute test during the past 12 months.			
K S345 Bldg. 01	NFPA 101 Fire Alarm System - Testing and 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 facility failed to ensure 1 of 1 fire alarm system was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires	K S345	1.The administrator will ensure annual functional testing for initiating devices such as smoke detectors, release devices, and fire alarm boxes is performed by Koorsen Fire and Security on the fire alarm system and that reports	07/15/2020

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	testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. This deficient practice could affect all clients and staff. Findings include: Based on record review on 03/05/20 between 10:15 a.m. and 11:45 a.m. with the Program Manager present, there was no documentation for an annual fire alarm system test/inspection during the past 12 months available for review. There was however a tag on the fire alarm control panel which indicated the fire alarm system had been inspected in February of 2020. Based on interview at the time of record review, the Program Manager acknowledged there was no documentation for an annual fire alarm system test/inspection during the past 12 months available for review other than the tag on the fire alarm control panel. 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.) d. Notification appliances e. Magnetic hold-open devices This deficient practice could affect all clients and staff.		of the tests/inspections are available in the facility for review. 2.The administrator will ensure sensitivity testing of the fire alarm system is completed by Koorsen Fire and Security every alternate year after install and that reports of the tests/inspections are available in the facility for review. Koorsen Fire and Security will also forward inspection reports to the QA Manager for monitoring of completion. **3.The Program Manager will meet with a representative from Koorsen Fire and Security, a tentative date has been set for April 8, 2020 pending the status of the COVID-19 response and suspense of none essential travel. The Facility will require schedule required testing and request copies of inspections and testing mailed to the program manager upon completion to the Program Manager at 4341 Security PKWY Suite 101 New Albany IN 47150.** 4.The Program Manager spoke with the Kris Carney from Koorsen Fire and Security effective immediately all sites will have an annual functional fire alarm inspection in the Month of February and a semiannual fire alarm visual inspection completed in August. Repair of the devices that failed the sensitivity test has	

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	Findings include: Based on record review on 03/05/20 between 10:15 a.m. and 11:45 a.m. with the Program Manager present, no documentation could be provided regarding a visual semi-annual fire alarm system inspection during the past 12 months, furthermore, there was no documentation of an annual fire alarm system inspection during the past 12 months other than the tag on the fire alarm control panel dated February of 2020. Based on interview at the time of record review, the Program Manager acknowledged there was no documentation for a semi-annual visual fire alarm system test/inspection during the past 12 months available for review. 3. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. This deficient practice could affect all clients and staff. Findings include: Based on record review on 03/05/20 between 10:15 a.m. and 11:45 a.m., there was no documentation available for a smoke detector sensitivity test for the past 24 month period. Based on interview at the time of record review, the Program Manager		been scheduled to be completed no later than July 15, 2020. Koorsen Fire and Security was notified of ResCare's "In Scope Services Agreement" that automatically authorizes repair/service of fire systems. 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 work is completed and documented as required. Persons Responsible: Program Manager, Area Supervisor, and Residential Manager, DSP Koorsen Fire and Security Representative.	

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	acknowledged the lack of a smoke detector sensitivity test during the past 24 month period.			
K S363 Bldg. 01	NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 Based on observation and interview, the facility failed to ensure 1 of 5 client room doors had no impediment to closing in this non sprinklered home. This deficient practice could affect all client and staff. Findings include: Based on observation on 03/05/20 between 10:15 a.m. and 11:45 a.m. during a tour of the facility with the Program Manager, bedroom #5 (west side of house, on left) had a rubber door wedge holding the door wide open. Based on interview at the time of observation, the Program Manager acknowledged the rubber door wedge holding the client sleeping room door wide open.	K S363	1.The administrator will ensure clients bedroom doors have self-closing or automatic-closing devices installed, and the door latches to the frame. 2.Staff will be trained on the standard of not propping open self-closing bedroom doors. The administrator will ensure clients bedroom doors have self-closing or automatic-closing devices installed. 3.Daily inspections will be performed by staff to ensure corridor doors are not propped open. Area Supervisor and Program Manager will inspect door closers quarterly to ensure proper	04/04/2020

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			operation. Persons Responsible: Program Manager, Area Supervisor, Residential Manager, DSP.	
K S511 Bldg. 01	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 junction boxes located in the basement were protected. NFPA 70, 2011 Edition. Article 406.5 (F) Exposed Terminals, Receptacles shall be enclosed so that live wiring terminals are not exposed to contact. This deficient practice could affect all clients at staff. Findings include: Based on observations on 03/05/20 between 10:15 a.m. and 11:45 a.m. during a tour of the facility with the Program Manager, there were two electrical junction boxes located in the basement at the ceiling level with exposed wires because the junction boxes were not protected with covers. Based on interview at the time of each observation, the Program Manager acknowledged the missing covers for the two junction boxes in the basement and said he would make sure covers were provided as soon as possible.	K S511	1.The Program Manager will ensure missing covers for the 2 electric junction boxes in the basement are protected by covers to protect the exposed wires. 2.The Program Manager will contact ResCare Maintenance and schedule a service call to ensure outlet covers are installed as required by NFPA 101. 3.ResCare Maintenance will install missing covers before April 4th 2020. 4.The Program Manager with conduct quarterly inspections to ensure the Facility electrical junction boxes have required covers. Persons Responsible: Program Manager, ResCare Maintenance.	04/04/2020