

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 01/31/2018
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 01/31/18</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>At this Emergency Preparedness survey, Res Care Community Alternatives Se In was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 7 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 02/06/18 - DA</p> <p>The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:</p>	E 0000		
E 0037 Bldg. --	<p>Based on record review and interview, the facility failed to ensure the emergency preparedness training and testing program includes a training program. The ICF/IDD facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent</p>	E 0037	The agency has developed an Emergency Disaster Preparedness Plan that meets all Federal, State, and local emergency preparedness requirements and the plan will be reviewed	03/03/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosable 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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E 0039 Bldg. --	<p>with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of the training; (iv) Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.475(d) (1). This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the Res Care Emergency Disaster Preparedness Manual dated 07/21/17 with the home manager on 01/31/18 at 10:05 a.m., there was no documentation of initial training or annual training for staff over the past year. Based on an interview at the time of record review, the home manager indicated a copy of the Res Care Emergency Preparedness Manual was given to the facility on 01/31/18 at 9:00 a.m. This was confirmed by the home manager at the time of record review and interview.</p> <p>Based on record review and interview, the facility failed to conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The ICF/IDD facility must do all of the following: (i) participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the ICF/IDD facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IDD facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event; (ii) conduct an additional</p>	E 0039	<p>and updated annually by the Safety Committee. All staff will be trained on the plan policies and procedures and participate in a community based disaster drill in accordance with 42 CFR 483.475 (d) (1). The program manager will train the area supervisor on the policies and procedures and the area supervisor will train all facility employees.</p> <p>The agency has developed an Emergency Disaster Preparedness Plan that meets all Federal, State, and local emergency preparedness requirements and the plan will be reviewed and updated annually by the Safety Committee. All staff will participate in a community based disaster drill in accordance with 42 CFR 483.475 (d) (2). The</p>	03/02/2018

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K 0000 Bldg. 02	<p>exercise that may include, but is not limited to the following: (A) a second full-scale exercise that is community-based or individual, facility-based. (B) a tabletop exercise that includes a group discussion led by a facilitator, 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 ICF/IDD facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IDD facility's emergency plan, as needed in accordance with 42 CFR 483.475(d) (2). This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the Res Care Emergency Disaster Preparedness Manual dated 07/21/17 with the home manager on 01/31/18 at 10:05 a.m., there was no documentation of two annual training exercises conducted over the past year. Based on an interview at the time of record review, the home manager indicated a copy of the Res Care Emergency Preparedness Manual was given to the facility on 01/31/18 at 9:00 a.m. and there was no time to conduct the two required annual training exercise. This was confirmed by the home manager at the time of record review and interview.</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/31/18</p>	K 0000	<p>program manager will train the area supervisor on the policies and procedures and the area supervisor will train all facility employees.</p>	

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K S346 Bldg. 02	<p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p> <p>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 0.52.</p> <p>Quality Review completed on 02/06/18 - DA</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm System – Out of Service 2012 EXISTING (Prompt) Where a required fire alarm system is out of service for more than four hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p>				

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K S353 Bldg. 02	<p>33.2.3.4.1, 9.6.1.3, 9.6.1.5, 9.6.1.6 Based on record review and interview, the facility failed to provide a complete 1 of 1 written policy for the protection of clients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the home manager on 01/31/18 at 9:38 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview during the record review, the home manager confirmed the fire watch documentation provided named "Policy and Procedure for Fire Watch" stated to contact the Indiana State Department of Health at a phone number, and not via the ISDH Gateway link or at the e-mail address listed above.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System – Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested</p>	K S346	<p>The Fire Watch policy and procedure has been updated to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov. All staff at the home will be re-trained on the fire watch policy and the Residential Manager will be retrained on ensuring the policy is in the home. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>The Area Supervisor will visit the home at least monthly to ensure the policy is in the home and up to date.</p>	03/02/2018	

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	<p>and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.</p> <p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 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). 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 			

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	<p>their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review, observation and interview, the facility failed to document monthly sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. This deficient practice could affect all clients in the facility.</p>	K S353	<p>1.The administrator will ensure quarterly sprinkler inspections are conducted by Koorsen Fire and Security and that reports of the inspections are available in the facility for review.</p> <p>2.The administrator will ensure the maintenance coordinators complete monthly sprinkler gauge inspections and monthly control valve inspections and that reports of the inspections are available in</p>	03/02/2018

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K S354 Bldg. 02	<p>Findings include:</p> <p>Based on record review and interview with the home manager on 01/31/18 at 9:45 a.m., the home manager indicated the Simplex/Grinnell sprinkler inspection reports are the only documentation the one sprinkler system gauge reading was conducted for the wet sprinkler system over the past year. Based on observation of the sprinkler riser room located in the laundry room on 01/31/18 at 9:48 a.m. with the home manager, the sprinkler system riser had one sprinkler gauge. The lack of monthly sprinkler system gauge readings over the past year was confirmed by the home manager at the time of record review and interview.</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System – Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of 6 of 6 clients in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of</p>	K S354	<p>the facility for review.</p> <p>The Fire Watch policy and procedure has been updated to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov. All staff at the home will be</p>	03/02/2018	

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K S712 Bldg. 02	<p>Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review with the home manager on 01/31/18 at 9:38 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview during the record review, the home manager confirmed the fire watch documentation provided named "Policy and Procedure for Fire Watch" stated to contact the Indiana State Department of Health at a phone number, and not via the ISDH Gateway link or at the e-mail address listed above.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>2. The facility must:</p> <p>a. Actually evacuate clients during at least one drill each year on each shift;</p> <p>b. Make special provisions for the</p>		<p>re-trained on the fire watch policy and the Residential Manager will be retrained on ensuring the policy is in the home. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>The Area Supervisor will visit the home at least monthly to ensure the policy is in the home and up to date.</p>		

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	<p>evacuation of clients with physical disabilities;</p> <p>c. File a report and evaluation on each drill;</p> <p>d. Investigate all problems with evacuation drills, including accidents and take corrective action; and</p> <p>e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters and 1 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Emergency Evacuation Drill Reports on 01/31/18 at 9:50 a.m. with the home manager, there was no record of a fire drill conducted on first shift for the fourth quarter of the year 2017. Based on an interview with the home manager at the time of record review, the home manager reviewed the Emergency Evacuation Drill Reports provided for review and indicated there was no other documentation available for review to indicate the missed fire drill had been conducted. This was confirmed by the home manager at the time of record review and interview.</p>	K S712	<p>All staff at the home will be re-trained on completing fire drill documentation completely and accurately. The Residential Manager will review all drills to ensure the documentation required is present and accurate. The Program Manager will train the Area Supervisor and the Area Supervisor will train all facility staff.</p> <p>The Area Supervisor will visit the home at least monthly to ensure the policy is in the home and up to date.</p>	03/02/2018