

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/20/2016
NAME OF PROVIDER OR SUPPLIER RES-CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000 Bldg. 01	<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: 09/20/16</p> <p>Facility Number: 013405 Provider Number: 15811 AIM Number: 201267570</p> <p>At this Life Safety Code survey, Res-Care Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies and with 410 IAC 9, Community Residential Facilities for Persons with Developmental Disabilities.</p> <p>This one story facility with a partial basement was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels including client sleeping rooms, corridors and common living areas. The facility has the capacity for 20 and had a census</p>	K 0000		

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 S029 Bldg. 01	<p>of 19 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.26.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or about, a primary means of escape or a sleeping room is protected by one of the following means:</p> <p>(a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.18 that has a fire protection rating of not less than $\frac{3}{4}$ hour. The enclosure is protected by an automatic fire detection system connected to the fire alarm system provided in 32.2.3.4.1.</p> <p>(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation are self-closing or automatic closing in accordance with 7.2.1.8. 32.2.3.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 hazardous area doors, such as a kitchen door, was not restricted from closing manually or automatically. This deficient practice could affect all clients, as well as staff and visitors.</p>	K S029	<p>All hazardous areas that are in, or about, a primary means of escape or sleeping room is protected with a self-closing or automatic closing door.</p> <p>Payment has been approved for(see attached), and installation scheduled for a magnetic door holder to be installed to the</p>	10/20/2016

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K S053 Bldg. 01	<p>Findings include:</p> <p>Based on observation on 09/20/16 at 2:15 p.m. during a tour of the facility with the Maintenance Supervisor, the kitchen door to the corridor was provided with a self closing device, however, the door was held wide open with a rubber door wedge. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on observation and interview, the facility failed to ensure a smoke detector was provided in all areas open to the corridor. This deficient practice could affect all clients, as well as staff and visitors.</p> <p>Findings include:</p>	K S053	<p>kitchen door to the corridor. This will serve to ensure that the door closes automatically, in the event that the fire alarm system is initiated. Ongoing, the maintenance supervisor will verify that there are appropriate automatic closing door in any required area, and will indicate such on his monthly site review.</p> <p>Persons Responsible: Maintenance Supervisor Date of Completion: 10/20/2016</p> <p>The facility ensures that approved smoke alarms are provided in all areas where required, which may be open to the corridor.</p> <p>The facility has submitted payment for (see attached), and scheduled the installation of a hard wired smoke detector in the laundry room. Ongoing, the maintenance supervisor will verify</p>	10/20/2016

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K S152 Bldg. 01	<p>Based on observation on 09/20/16 at 2:10 p.m. during a tour of the facility with the Maintenance Supervisor, the laundry room was open to the egress corridor and was not provided with a smoke detector. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must -</p> <ul style="list-style-type: none"> (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and (v) 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>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to ensure fire drills</p>	K S152	<p>that there is appropriate smoke detection in any area that is required, and will indicate such on his monthly site review.</p> <p>Person Responsible: Maintenance Supervisor Date of Completion: 10/20/2016</p> <p>The facility holds fire drills at least quarterly for each shift of</p>	10/20/2016

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	<p>were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 09/20/16 at 1:42 p.m. with the Maintenance Supervisor present, three of four, first shift (day) fire drills performed during the past twelve months were held between 9:16 a.m. and 9:57 a.m., furthermore, four of four, second shift (evening) fire drills performed during the past twelve months were held between 4:04 p.m. and 5:35 p.m. Based on interview at the time of record review the Maintenance Supervisor acknowledged the times the first and second shift fire drills were not varied enough.</p>		<p>personnel under varied conditions.</p> <p>The maintenance supervisor has been in-serviced on procedure related to scheduling evacuation drills, quarterly on each shift, at varying times during those shifts. A schedule(see attached) has been implemented to document and track that the drills are being completed and are varied enough.</p> <p>Person Responsible: Maintenance Supervisor Date of Completion:10/20/2016</p>	