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

PRINTED: 01/24/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   115 STONEGATE   S	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN    (MA) 10   REGULATORY OR LSC IDENTIFYING INFORMATION)   DIRECTION OF CORRECTION (EACH ORDERCTOR AND THE PROPORTY AT 221			450404					
RES CARE COMMUNITY ALTERNATIVES SE IN    Description   SUMMARY STATEMENT OF DEFICIENCIES   EACH DEFICIENCY MUST SE PRECEDED BY FULL   FREGULATION OF ILS LIDENTIFYING INFORMATION   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE CONFERENCE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CONFERENCE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE CONFERENCE TO THE APPROPRIATE CONFERENCE TO THE APPROPRIATE CONFERENCE TO THE APPROPRIATE CONFERENCE		201/1252 02 01/221/152	15G194	B. WING			01/	17/2024
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00421880 Corrected.  Survey Dates: January 16 and 17, 2024  Facility Number: 100724  Provider Number: 15G 194  AIM Number: 100243320  Res Care Community Alternatives SE IN was found to be in complaint #IN00421880. Quality Review of this report completed by #15068 on 1/23/24.								<u> </u>
This visit was for the post certification revisit (PCR) to the investigation of complaint #IN00421880 completed on 12/5/23.  Complaint #IN00421880: Corrected.  Survey Dates: January 16 and 17, 2024  Facility Number: 000724  Provider Number: 150194  AIM Number: 100243320  Res Care Community Alternatives SE IN was found to be in compliance with 42 CFR Part 483, Subpart 1 and 460 IAC 9 in regard to the PCR to the investigation of complaint #IN00421880.  Quality Review of this report completed by #15068 on 1/23/24.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	(EA	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT		COMPLETION
(PCR) to the investigation of complaint #IN00421880 completed on 12/5/23.  Complaint #IN00421880: Corrected.  Survey Dates: January 16 and 17, 2024  Facility Number: 000724 Provider Number: 156194 AIM Number: 100243320  Res Care Community Alternatives SE IN was found to be in compliance with 42 CFR Part 483, Subpart I and 460 IAC 9 in regard to the PCR to the investigation of complaint #IN00421880. Quality Review of this report completed by #15068 on 1/23/24.	{W 000}	INITIAL COMMENTS		{W 0	00}			
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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.