

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

PRINTED: 12/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723	X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING	X3) DATE SURVEY COMPLETED 11/02/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13009 HORIZON DR MEMPHIS, IN 47143
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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 11/02/23 Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230 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 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 4. Quality Review completed on 11/03/23	E 0000		
K 0000 Bldg. 02	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 11/02/23 Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230 At this Life Safety Code survey, Res Care	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Mark Slaughter	TITLE AED	(X6) DATE 11/27/2023
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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 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 disclosed 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 S100 Bldg. 02	<p>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 building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The attic was not used for living purposes, storage or fuel-fired equipment and was provided with a heat detection system to activate the fire alarm system. The facility has a capacity of 6 and had a census of 4 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 0.1.</p> <p>Quality Review completed on 11/03/23</p> <p>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.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 fire extinguishers in the facility was protected. NFPA 10, Standard for Portable Fire Extinguishers, Section 6.1.3.4</p>	K S100	ResCare Maintenance will conduct monthly inspections of all facility fire extinguishers. Documented test dates will be	11/03/2023

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K S353 Bldg. 02	<p>requires portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means:</p> <p>(1) Securely on a hanger intended for the extinguisher</p> <p>(2) In the bracket supplied by the extinguisher manufacturer</p> <p>(3) In a listed bracket approved for such purpose</p> <p>(4) In cabinets or wall recesses.</p> <p>This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Qualified Intellectual Developmental Professional (QIDP) during a tour a tour of the facility from 1:35 p.m. to 2:10 p.m. on 11/02/23, the ABC type portable fire extinguisher was freestanding on the floor of the laundry room near the facility's sprinkler system riser. The portable fire extinguisher inspection contractor had affixed a maintenance tag to the fire extinguisher indicating the most recent annual inspection and maintenance was performed in February 2023. The maintenance tag also indicated the facility documented monthly inspections for the eight month period of March 2023 through October 2023. Based on interview at the time of the observations, the QIDP agreed the aforementioned portable fire extinguisher was freestanding on the floor of the laundry room and was not properly installed in the room.</p> <p>These findings were reviewed with the QIDP during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt)</p>				<p>kept onsite and with maintenance manager for review.</p> <p>The Maintenance Manager installed the portable fire extinguisher securely with a hanger intended for the extinguisher with a bracket supplied by the manufacturer on November 3, 2023.</p> <p>The Facility will conduct random monthly inspections by the Direct Support Lead, Area Supervisor or Program Manager to ensure all fire extinguishers are properly mounted. If a deficiency is found ResCare Maintenance will be notified immediately.</p> <p>Random Monthly site visits will be conducted by the management team to verify the proper Fire Extinguishers and maintaining proper documentation.</p> <p>Persons Responsible: Persons Responsible: AED, Program Manager, Area Supervisor, and Residential Manager, DSP, Maintenance Manager, Koosen Fire and Security.</p>		

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	<p>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.</p> <p>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:</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 			

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	<p>(NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through 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 ensure 1 of 1 backflow prevention devices in the sprinkler system piping was tested annually in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 13.6.2.1 states all backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream</p>	K S353	The Program Manager will ensure the backflow prevention device in the sprinkler system piping is tested annually in accordance with NFPA 25, Standard for the Inspection, Testing, and maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 13.6.2.1 annually as required. ResCare maintenance	12/15/2023

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	<p>demand, where hydrants or inside hose stations are located downstream of the backflow preventer. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Developmental Professional (QIDP) from 12:05 p.m. to 1:35 p.m. on 11/02/23, annual backflow preventer inspection and testing documentation for the most recent twelve month period was not available for review. Based on observations with the QIDP during a tour of the facility from 1:35 p.m. to 2:10 p.m. on 11/02/23, the sprinkler system inspection contractor had affixed a maintenance and inspection tag to the sprinkler system riser in the laundry room indicating the most recent annual backflow preventer test was conducted on 08/05/20. Based on interview at the time of record review and of the observations, the QIDP agreed annual backflow preventer inspection and testing documentation for the most recent twelve month period was not available for review.</p> <p>These findings were reviewed with the QIDP during the exit conference.</p>		<p>Manager contacted Koorsen Fire and Security to schedule the backflow prevention device in the sprinkler system piping is tested annually and documentation will be maintained on site and a copy kept with ResCare's Maintenance Manager to be complete no later than 15 December 2023.</p> <p>The area supervisor will conduct random monthly inspections to ensure inspections are being performed as required.</p> <p>Random Monthly site visits will be conducted by the management team to verify the proper Fire Extinguishers and maintaining proper documentation.</p> <p>Persons Responsible: Persons Responsible: AED, Program Manager, Area Supervisor, and Residential Manager, DSP, Maintenance Manager, Koosen Fire and Security.</p>	