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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G723	A. BUILDING -- B. WING	03/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	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: 03/07/22 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 4 certified beds. At the time of the survey, the census was 4. Quality Review completed on 03/10/22	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: 03/07/22 Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230 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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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 was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and all client sleeping rooms. It could not be determined if there was heat detection located in the attic space. The facility has a capacity of 4 and had a census of 4 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 1.4. Quality Review completed on 03/10/22			
K S100 Bldg. 02	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 ensure 4 of 4 bathroom exhaust vent fans was free of lint/dirt. NFPA 101 at 33.1.1.3 refers to Chapter 4, General. 4.5.8 at Maintenance states whenever or wherever an device, equipment, system, condition, arrangement, level of protection, or any other	K S100	To correct the deficiencies the bathroom vent fans will be cleaned, and the fire extinguishers will be mounted appropriately. All site staff will be re-trained on the importance of keeping the vents clean to prevent fire as well as	04/07/2022

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	feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance. This deficient practice could affect all occupants in the facility. Findings include: Based on observations on 03/07/22 between 10:00 a.m. and 12:15 p.m. during a tour of the facility with the Area Supervisor, all four exhaust vent fans in both bathrooms (two in each bathroom) were substantially filled with lint/dirt, which could cause a fire if not cleaned on a regular basis. Based on interview at the time of observations, the Area Supervisor agreed there was a substantial amount of lint/dirt built up in all four bathroom exhaust vent fans. This finding was reviewed with the Area Supervisor during the exit conference. 2. Based on observation and interview, the facility failed to ensure 1 of 3 fire extinguishers in the facility were protected. NFPA 10, Standard for Portable Fire Extinguishers, 6.1.3.4 requires that portable fire extinguishers types shall be (1) secured on a hanger (2) in the bracket supplied by the manufacturer (3) in a listed bracket approved for such purpose (4) in cabinets or wall recesses. This deficient practice could affect all occupants. Findings include: Based on observation on 03/07/22 between 10:00 a.m. and 12:15 p.m. during a tour of the facility with the Area Supervisor, the fire extinguisher in the Laundry Room/Sprinkler Riser Room was		ensuring all fire extinguishers are mounted properly. Ongoing monitoring will be achieved through a monthly LSC inspection checklist completed by the Area Supervisor.	

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	sitting unsupported on the floor. Based on interview at the time of observation, the Area Supervisor agreed the fire extinguisher should not have been setting unsupported on the floor. This finding was reviewed with the Area Supervisor during the exit conference.			
K S345 Bldg. 02	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			
	Based on record review, email, and interview; the facility failed to provide complete documentation to ensure heat detectors were provided in the attic space and connected to 1 of 1 fire alarm system 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. This deficient practice could affect all clients and staff. Findings include: Based on record review on 03/07/22 between 10:00 a.m. and 12:15 p.m. with the Area Supervisor present, and again via email from the Quality	K S345	To correct the deficient practice ResCare staff has confirmed there is heat detection in the attic of the facility. The service provider inspected the heat detectors on 3-18-22. ResCare staff will obtain an inspection report as soon as it is available. All supervisors have been re-trained on ensuring the service provider inspects all LSC devices timely. Ongoing monitoring will be achieved through a monthly LSC inspection checklist completed by the Area Supervisor.	04/07/2022

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	Assurance Manager at 4:51 p.m., there was documentation available for a semi-annual visual fire alarm system inspection dated 08/06/21, and an annual fire alarm system inspection dated 02/21/22. These reports did not include the inspection of heat detection in the attic. Based on interview at the time of the tour of the facility, when asked, the Area Supervisor said he thought there was heat detection located in the attic space, but did not have a means available to look in the attic. This finding was reviewed with the Area Supervisor during the exit conference.			
K S353 Bldg. 02	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 and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. 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: 1. Control valves inspected monthly (NFPA 25, section 13.3.2).			

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	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 their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided. ___________________________ B. Show who provided the service. __________________________			

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	C. Note the source of the water supply for the automatic sprinkler system. ________________ (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			
	Based on observation and interview, the facility failed to ensure 2 of over 20 sprinkler heads in the facility were free of paint and corrosion. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 5.2.1.1.1 requires sprinklers to be free of paint and corrosion. 5.2.1.1.2 requires any sprinkler that shows signs of paint or corrosion shall be replaced. This deficient practice could all clients and staff. Findings include: Based on observations on 03/07/22 between 10:00 a.m. and 12:15 p.m. during a tour of the facility with the Area Supervisor, the following was noted: a. There was one sprinkler head in the south bathroom with paint and corrosion b. There was one sprinkler head in the north bathroom with corrosion. Based on interview at the time of observations, the Area Supervisor agreed the two sprinkler heads in question had paint and corrosion. This finding was reviewed with the Area Supervisor during the exit conference.	K S353	To correct the deficient practice the sprinkler heads with paint and corrosion will be replaced. All site staff will be trained to ensure the sprinkler heads are free of obstructions. To prevent further occurrences the AS will conduct an LSC audit each month to ensure all features and paperwork are present and functional.	04/07/2022
K S511 Bldg. 02	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping			

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	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 an electrical outlet in 1 of 4 bedrooms was protected in according with 33.2.5.1. NFPA 70, 2011 Edition, Article 406.6, Receptacle Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. This deficient practice could affect one client. Findings include: Based on observation on 03/07/22 between 10:00 a.m. and 12:15 p.m. during a tour of the facility with the Area Supervisor, one electrical receptacle in client bedroom #3 (DB) next to the dresser did not have a cover plate installed over the receptacle, which exposed loose wires. Based on interview at the time of observation, the Area Supervisor agreed that the cover plate was missing from the electrical receptacle near the dresser in bedroom #3 (DB). This finding was reviewed with the Area Supervisor during the exit conference.	K S511	To correct the deficient practice the outlet cover will be installed. All staff will be trained to ensure that all outlets and electrical devices are installed appropriately. To prevent further occurrences the AS will conduct an LSC audit each month to ensure all features and paperwork are present and functional.	04/07/2022
K S712 Bldg. 02	NFPA 101 Fire Drills Fire Drills 1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to: a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are			

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	familiar with the use of the facility's emergency and disaster plans and procedures. 2. The facility must: a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and 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. 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)			
	Based on record review and interview, the facility failed to ensure documentation was available for fire drills conducted during the past 12 month period. This deficient practice could affect all clients. Findings include: Based on record review on 03/07/22 between 10:00 a.m. and 12:15 p.m. with the Area Supervisor present, there were no fire drill reports available for the past twelve month period. Based on interview at the time of record review, the Area Supervisor confirmed the lack of fire drills being available for the past twelve month period. He further said fire drills have been performed during the past twelve month period, however, the company has a new way of documenting the fire drills on the computer and once they are sent in	K S712	To correct the deficient practice a 2022 Fire drill calendar has been created to include one drill per shift per quarter. All staff responsible for maintaining drills have been trained on the calendar. All supervisory staff responsible for maintaining drills have been re-trained to ensure each group home is completing drills per LSC. Ongoing monitoring will be achieved through a monthly LSC inspection form to ensure all LSC requirements are completed accurately and timely to be completed by the AS.	04/07/2022

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	the group home no longer has access to the fire drill reports. This finding was reviewed with the Area Supervisor during the exit conference.			