

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G136	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2020
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 427 W LONGEST ST PAOLI, IN 47454		
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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: 02/20/20</p> <p>Facility Number: 000673 Provider Number: 15G136 AIM Number: 100248740</p> <p>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.</p> <p>The facility has 8 certified beds. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 02/25/20</p>	E 0000		
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: 02/20/20</p> <p>Facility Number: 000673 Provider Number: 15G136 AIM Number: 100248740</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in</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 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 S253 Bldg. 01	<p>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 with a basement was not sprinklered. This facility has a fire alarm system with hard wired smoke detection on both levels including the corridors, common living areas, the basement and all client sleeping rooms. The facility has a capacity of 8 and had a census of 8 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 0.48.</p> <p>Quality Review completed on 02/25/20</p> <p>NFPA 101 Number of Exits - Patient Sleeping and Non-SI Number of Exits - Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Prompt) Every sleeping room and living area shall have access to a primary means of escape located to provide a safe path of travel to the outside. Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape shall be an interior stair in accordance with 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. In addition to the primary route, each sleeping room shall have a second means of escape that consists of one of the following:</p>			

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	<p>1. It shall be a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>2. It shall be a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape.</p> <p>3. It shall be an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 square feet. The width shall be not less than 20 inches. The height shall be not less than 24 inches. The bottom of the opening shall be not more than 44 inches above the floor. Such means of escape shall be acceptable where one of the following criteria are met:</p> <ul style="list-style-type: none"> a. The window shall be within 20 feet of finished ground level. b. The window shall be directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction. c. The window or door shall open onto an exterior balcony. <p>4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria:</p> <ul style="list-style-type: none"> a. The window well allows the window to be fully openable. b. The window is not less than 9 square feet with a length and width of not less than 36 inches. c. Window well deeper than 43 inches has an approved, permanently affixed ladder or steps complying with the following: <p>1. The ladder or steps do not extend</p>			

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	<p>more than 6 inches into the well.</p> <p>2. The ladder or steps are not obstructed by the window.</p> <p>5. If the sleeping room has a door leading directly to the outside of the building with access to finished ground level or to a stairway that meets the requirements of exterior stairs in 33.2.2.2.2, that means of escape shall be considered as meeting all the escape requirements for the sleeping room.</p> <p>a. A second means of escape from each sleeping room shall not be required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>b. Existing approved means of escape shall be permitted to continue to be used.</p> <p>33.2.2.2.1, 33.2.2.2, 33.2.2.3.1 through 33.2.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 clients sleeping rooms, in a non-sprinklered facility, was provided with a secondary means of escape in accordance with 33.2.2.3. LSC 33.2.2.3 requires a secondary egress from each sleeping room with multiple provisions. This deficient practice could affect 1 client.</p> <p>Findings include:</p> <p>Based on observation on 02/20/20 at 2:35 p.m., client sleeping room #2 (first room on right in client sleeping room hall) window could not be opened. The window was stuck in the window frame. This was acknowledged by the Regional Manager when she attempted to open the window and couldn't.</p>	K S253	<p>ISSUE: Based on observation on 02/20/20 at 2:35 p.m., client sleeping room #2 (first room on right in client sleeping room hall) window could not be opened. The window was stuck in the window frame. This was acknowledged by the Regional Manager when she attempted to open the window and couldn't.</p> <p>PLAN OF CORRECTION: ARAMARK (Maintenance company) was contacted on 3-6-2020 by Program Manager to report the window needs to be able to open and close in the event of an emergency, for exit purposes. ARAMARK stated they would look at the window to</p>	03/31/2020

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K S511 Bldg. 01	<p>NFPA 101</p> <p>Utilities - Gas and Electric</p> <p>Utilities - Gas and Electric</p> <p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code.</p> <p>32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1)</p>	K S511	<p>determine if it is painted shut and remove the paint, or if the window needs to be replaced all together. They will be sending out maintenance this month, ASAP.</p> <p>ARAMARK CONFIRMATION #: ARA66673</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Program Manager</p> <p>DATE TO BE COMPLETED: March 31, 2020</p>	03/31/2020
		<p>ISSUE: Electric receptacle in bathroom #1 (first room on the right in the client sleeping room corridor) that was within two feet of the sink. The receptacle was provided with GFCI protection, however, when tested with a GFCI tester it did not break the electrical circuit. Furthermore, the GFCI tester showed an open ground.</p> <p>PLAN OF CORRECTION: ARAMARK (Maintenance company) was contacted on 3-6-2020 by Program Manager. The GFCI located in</p>		

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	<p>through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools.</p>		<p>Bathroom #1 will be replaced with a new GFCI and retested. The company will be sending out maintenance this month, ASAP.</p> <p>ARAMARK CONFIRMATION #: ARA66676</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Program Manager</p> <p>DATE TO BE COMPLETED: March 31, 2020</p>	

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K S712 Bldg. 01	<p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect one client.</p> <p>Findings include:</p> <p>Based on observation on 02/20/20 at 2:30 p.m. during a tour of the facility with the Regional Manager, there was one electric receptacle in bathroom #1 (first room on the right in the client sleeping room corridor) that was within two feet of the sink. The receptacle was provided with GFCI protection, however, when tested with a GFCI tester it did not break the electrical circuit. Furthermore, the GFCI tester showed an open ground. Based on interview at the time of observation, the Regional Manager agreed the electric receptacle in bathroom #1 was not provided with properly working GFCI receptacle.</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> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the 			

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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.</p> <p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 2 of 3 shifts during 2 of 4 quarters during the past 12 months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 02/20/20 between 1:15 p.m. and 2:45 p.m. with the Regional Manager present, there were 14 fire drill reports documented during the past 12 months, however, there were no fire drill reports available for the following shifts and quarters:</p> <p>a. First shift (day) of the first quarter (January, February, and March) of 2019 or so far in 2020</p> <p>b. Third shift (night) of the second quarter (April, May, and June) of 2019</p> <p>Based on interview at the time of record review, the Regional Manager confirmed the lack of fire drills during the first and third shifts of the first and second quarters of 2019 and 2020.</p>	K S712	<p>ISSUE: Based on review of the facility's fire drill reports on 02/20/20 between 1:15 p.m. and 2:45 p.m. with the Regional Manager present, there were 14 fire drill reports documented during the past 12 months, however, there were no fire drill reports available for the following shifts and quarters:</p> <p>a. First shift (day) of the first quarter (January, February, and March) of 2019 or so far in 2020</p> <p>b. Third shift (night) of the second quarter (April, May, and June) of 2019</p> <p>Based on interview at the time of record review, the Regional Manager confirmed the lack of fire drills during the first and third shifts of the first and second quarters of 2019 and 2020.</p> <p>PLAN OF CORRECTION: Documentation of completed drills must be readily available for review</p>	03/06/2020

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				<p>in the home. Attached to this plan of correction are the missing drills. These drills will be placed in the home on 3-6-2020.</p> <p>PERSONS RESPONSIBLE: Quality Assurance, Area Supervisor, Program Manager</p> <p>DATE TO BE COMPLETED: March 6, 2020</p>