STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G746	A. BUILDING 01 B. WING	06/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE SOUTHEAST INDIANA	16609 SIMA GRAY RD HENRYVILLE, IN 47126

(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	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 06/27/16 Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010 At this Life Safety Code survey, Res Care 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 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies. This one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of four and had a census of four at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,	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 determined that other safegaurds 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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	Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.28. Quality Review completed on 07/01/16 - DA			
K 0130 Bldg. 01	483.470(j)(1)(i) MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, record review and interview; the facility failed to ensure the testing of 4 of 4 battery operated, interior battery-operated emergency lights were maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power. Findings include:	K 0130	**K130:** **Corrective Action: (Specific):** The maintenance coordinator will be re-trained on testing of emergency lighting for at least 30 seconds monthly. All battery operated emergency lights will be tested. The maintenance coordinator will ensure that record of the monthly tests will be turned in to the Program Manager who will maintain those records. **How others will be identified: (Systemic):** The maintenance coordinator will visit the home at least monthly to ensure that emergency lighting is tested and all emergency lighting is in working order at the time of the test. The Program Manager will meet with the maintenance coordinator at least monthly to ensure that emergency lighting	07/27/2016

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	Based on observations on 06/27/16 between 11:30 a.m. and 12:00 p.m. during a tour of the facility with home staff #1, the facility had four battery powered emergency light units. Based on review of facility's fire drill book and the Inspection Report folder between 10:30 a.m. and 11:30 a.m., there was no documentation to show the four battery powered emergency lights were tested monthly for at least 30 seconds. This was acknowledged by home staff #1 at the time of record review and again during observations.		testing has been completed and the documentation of those tests are turned in monthly. **Measures to be put in place:** The maintenance coordinator will be re-trained on testing of emergency lighting for at least 30 seconds monthly. All battery operated emergency lights will be tested. The maintenance coordinator will ensure that record of the monthly tests will be turned in to the Program Manager who will maintain those records. **Monitoring of Corrective Action:** The maintenance coordinator will visit the home at least monthly to ensure that emergency lighting is tested and all emergency lighting is in working order at the time of the test. The Program Manager will meet with the maintenance coordinator at least monthly to ensure that emergency lighting testing has been completed and the documentation of those tests are turned in monthly.	

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K S051 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on observation and interview, the facility failed to ensure 1 of 4 fire alarm pull boxes actuated the fire alarm system when tested by pulling the lever. LSC 32.2.3.4.1 refers to 9.6. LSC 9.6.3.2 requires occupant notification of the fire alarm system shall be by audible and visible signals. This deficient practice could affect all clients, as well as staff and visitors. Findings include: Based on observation on 06/27/16 at 11:33 a.m. during a tour of the facility with home staff person #1 when attempting to test the fire alarm system with the pull station next to the front door the alarm system did not actuate when the lever was pulled, however, when the pull station box door was opened the alarm did activate. This was acknowledged by home staff persons #1 at the time of observation.	K S051	**Completion date: 7/27/2016** **K0051:** **Corrective Action: (Specific):** Simplex Grinnell will be contacted to inspect all pull stations to ensure they are working properly and the fire alarm is actuated when pulling the lever. Any non-operational pull stations will be replaced. **How others will be identified: (Systemic):** The maintenance coordinator will visit the home at least monthly to ensure that all fire alarm pull stations are in working order and actuate the fire alarm system when tested by pulling the lever. The maintenance coordinator will document those tests of the fire alarm pull stations on the maintenance checklist that will be turned into the Program Manager at least monthly. The Program Manager by review of the monthly maintenance checklist will ensure that the	07/27/2016

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			maintenance coordinator is checking the fire alarm pull stations to ensure that all fire alarm pull stations actuate the fire alarm system when tested by pulling the lever. **Measures to be put in place:** Simplex Grinnell will be contacted to inspect all pull stations to ensure they are working properly and the fire alarm is actuated when pulling the lever. Any non-operational pull stations will be replaced. **Monitoring of Corrective:** The maintenance coordinator will visit the home at least monthly to ensure that all fire alarm pull stations are in working order and actuate the fire alarm system when tested by pulling the lever. The maintenance coordinator will document those tests of the fire alarm pull stations on the maintenance checklist that will be turned into the Program Manager at least monthly. The Program Manager by review of the monthly maintenance checklist will ensure that the maintenance coordinator is checking the fire alarm pull stations to ensure that all fire	

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			alarm pull stations actuate the fire alarm system when tested by pulling the lever. **Completion date: 7/27/2016**	
K S056 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having			

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	jurisdiction. Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered. Exception No. 2: Not applicable Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. SLOW			

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	Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply. Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. Exception No. 5: Not Applicable Exception No. 6: Initiation of the fire alarm			

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	system is not required for existing installations in accordance with 32.2.3.5.5. MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply isdocumented to the authority having jurisdiction. 32.2.3.5.2. Exception No. 1: Not Applicable. Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply. Exception No. 3: Not Applicable. Exception No. 4: Not Applicable. Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered. Exception No. 6: Initiation of the fire alarm system is not required for existing			

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	installations in accordance with 33.2.3.5.5. Based on record review, observation, and interview; the facility failed to ensure documentation for sprinkler waterflow alarm devices tested during 3 of 4 quarters was available for review. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semi-annually. This deficient practice could affect all clients, visitors and staff. Findings include: Based on review of the sprinkler inspections in the Inspections Reports folder on 06/27/16 at 11:55 a.m. with the Qualified Intellectual Disability Professional (QIDP) present, the only quarterly sprinkler system inspection report available for the past 12 months of waterflow alarm devices was dated 08/24/15. Based on observation of the sprinkler riser during a tour of the facility with house staff #1 it was determined the sprinkler system was inspected quarter on	K S056	**K0056:** **Corrective Action: (Specific):** The maintenance coordinator will be re-trained on ensuring that sprinkler systems are inspected at least quarterly and record of those inspections are turned into the Program Manager and a copy kept in the book at the home. Simplex Grinnell will be contacted to see if the reports can be obtained for the last quarterly inspection and if the inspections are not in compliance a sprinkler system inspection will be completed. **How others will be identified: (Systemic):** The Program Manager will develop a spreadsheet to track the quarterly sprinkler system inspections to ensure they are completed according to life safety code standards. **Measures to be put in place**) The maintenance coordinator will be re-trained on ensuring that sprinkler systems are inspected at least quarterly and record of	07/27/2016

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	11/20/15, 02/24/16 and 05/24/16 which were the dates on the inspection tag from Simplex/Grinnell. Based on interview at the time of record review and again at the exit conference, the QIDP acknowledged there were no other quarterly sprinkler system inspection reports available of waterflow alarm devices performed during the past twelve months.		those inspections are turned into the Program Manager and a copy kept in the book at the home. Simplex Grinnell will be contacted to see if the reports can be obtained for the last quarterly inspection and if the inspections are not in compliance a sprinkler system inspection will be completed. **Monitoring of Corrective Action:** The Program Manager will develop a spreadsheet to track the quarterly sprinkler system inspections to ensure they are completed according to life safety code standards. **Completion date: 7/27/2016**	
K S152 Bldg. 01	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			

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	plans and procedures. The facility must - (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. Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. 1. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 1 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients. Findings include: Based on review of the facility's fire drill reports on 06/27/16 at 10:55 a.m. with the Qualified Intellectual Disability Professional (QIDP) present, the facility had documentation eleven fire drills were performed during the past twelve months, however, there were no fire drills conducted during the second shift (day) of the second quarter of 2015 and the first quarter of 2016. Based on interview at	K S152	**K0152:** **Corrective Action: (Specific):** The Residential Manager will be re-trained on ensuring that evacuation drills are completed at least quarterly for each shift of personnel and under varied conditions. **How others will be identified: (Systemic):** Quality Assurance will track evacuation drills every month to ensure that evacuation drills are completed at least every	07/27/2016

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	the time of record review, the QIDP acknowledged the lack of documented fire drills during the previously mentioned shift and quarters of 2015 and 2016. 2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility. Findings include: Based on review of the facility's fire drill reports on 06/27/16 at 10:55 a.m. with the QIDP present, four of four, third shift (night) fire drills performed during the past twelve months were held between 3:00 a.m. and 4:00 a.m. Based on interview at the time of record review the QIDP acknowledged the times the third shift fire drills were not varied enough.		quarter for all shifts of personnel under varied conditions. The Program Manager will follow up with quality assurance at least monthly to ensure that evacuation drills are completed according to LSC standard. **Measures to be put in place:** The Residential Manager will be re-trained on ensuring that evacuation drills are completed at least quarterly for each shift of personnel and under varied conditions. **Monitoring of Corrective Action:** Quality Assurance will track evacuation drills every month to ensure that evacuation drills are completed at least every quarter for all shifts of personnel under varied conditions. The Program Manager will follow up with quality assurance at least monthly to ensure that evacuation drills are completed according to LSC standard. **Completion Date: 7/27/2016**	

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