

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

PRINTED: 04/25/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/28/2018	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWELL DR JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the PSR conducted on 02/14/18 and the Emergency Preparedness Survey conducted on 12/21/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/28/18</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>At this PSR 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 6.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 04/04/18</p>			E 0000			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the PSR conducted on 02/14/18 and the Life Safety Code Recertification Survey conducted on 12/21/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/28/18</p> <p>Facility Number: 000769</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 disclosable 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>Certification Number: 15G247 AIM Number: 100248810</p> <p>At this PSR survey, Res Care 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 facility with a basement was not sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas and basement. The facility has a capacity of 8 and had a census of 6 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 Slow with an E-Score of 2.40.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 04/04/18</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</p>						

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	<p>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> <ol style="list-style-type: none"> 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. 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. 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: <ol 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. 4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria: <ol 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 						

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	<p>36 inches.</p> <p>c. Window well deeper than 43 inches has an approved, permanently affixed ladder or steps complying with the following:</p> <p>1. The ladder or steps do not extend 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 windows for 4 of 5 client sleeping rooms would open or stay open from the inside of the nonsprinklered facility. This deficient practice could affect 5 of 6 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 03/28/18 at 12:00 p.m. with Direct Care Staff and later the Resident Manager, windows in the northwest, west, southwest and southeast client sleeping rooms failed to open or stay open due to the heaviness of the window frames. Based on a telephone interview with the Quality Assurance Manager at</p>			K S253	<p>The windows in the northwest, west, southwest and southeast now open in accordance with NFPA 101 requirements listed under Number of Exits – Patient Sleeping and Non-Sleeping rooms. The repair/replacement of the windows was completed on April 19, 2018 and the invoice for the completed work is attached. To ensure the windows continue to function properly, the ResCare maintenance coordinator will inspect all windows to ensure they meet all criteria for means of</p>		04/19/2018

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K S345 Bldg. 01	<p>12:45 p.m., replacement windows for all the bedrooms had been ordered. An email received at 03/28/18, 3:10 p.m., indicated windows were reordered from Home Depot on 03/26/18 but did not provide any further information regarding when the windows would be received or installation information.</p> <p>This deficiency was cited on 12/21/17 and 02/14/18. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>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 1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm system was inspected annually to protect 6 of 6 clients. LSC 9.6.1.3 requires fire alarm systems to be installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, Table 14.4.5 requires functional testing to be conducted annually for initiating devices such as smoke detectors, release devices, and fire alarm boxes. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p>			K S345	<p>escape.</p> <p>The annual fire alarm testing was completed on April 2, 2018. The report is attached to this POC. The sensitivity testing was completed on February 16, 2017 and the report for that testing is also attached. The program director will ensure required testing of systems is completed by Koorsen Fire and Security and that the reports are readily available.</p>		04/02/2018

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	<p>Based on record review on 03/28/18 at 11:45 a.m. with Direct Care Staff and later, the Resident Manager, there was no record available for review to indicate an annual fire alarm system inspection. Based on a telephone interview with the Quality Assurance Manager at 03/28/18, 12:45 p.m., Koorsen Fire Protection had been contracted to complete fire alarm inspections for the facility and would email documentation of completed inspections. An email received at 03/28/18, 8:19 p.m., indicated the Koorsen fire alarm inspection was not available but would be complete and/or available by the end of the day, Friday, March 30th. As of Tuesday, April 3, 2018, 9:30 a.m., no fire alarm inspection reports have been received.</p> <p>This deficiency was cited on 12/21/17 and 02/14/18. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained 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. NFPA 72, 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p>						

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	<p>Based on record review on 03/28/18 at 11:45 a.m. with Direct Care Staff and later, the Resident Manager, there was no record available for review to indicate a semiannual smoke detector sensitivity test. Based on a telephone interview with the Quality Assurance Manager at 03/28/18, 12:45 p.m., Koorsen Fire Protection had been contracted to complete fire alarm inspections for the facility and would email documentation of completed inspections. An email received at 03/28/18, 8:19 p.m., indicated the Koorsen fire alarm inspection was not available but would be complete and/or available by the end of the day, Friday, March 30th. As of Tuesday, April 3, 2018, 9:30 a.m., no fire alarm inspection reports have been received.</p> <p>This deficiency was cited on 12/21/17 and 02/14/18. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>						