

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/29/21</p> <p>Facility Number: 000701 Provider Number: 15G167 AIM Number: 100248800</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 7 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 05/06/21</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/29/21</p> <p>Facility Number: 000701 Provider Number: 15G167 AIM Number: 100248800</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 that other safeguards 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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K S100 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 was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and common living areas. The facility has a capacity of seven and had a census of seven 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 1.24.</p> <p>Quality Review completed on 05/06/21</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p> <p>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 2 battery powered emergency lights were maintained in accordance with LSC 7.9. LSC 33.1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall either</p>	K S100	<p>ISSUE: Based on observations on 04/29/21 between 11:00 a.m. and 1:30 p.m. during a tour of the facility with the Area Supervisor, the facility had two battery powered emergency light units.</p>	06/01/2021

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K S253 Bldg. 01	<p>be maintained or removed.</p> <p>LSC 7.9.2.6 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. LSC 7.9.2.7 states the emergency lighting system shall be either continuously in operation or shall be capable of repeated automatic operation without manual intervention. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/29/21 between 11:00 a.m. and 1:30 p.m. during a tour of the facility with the Area Supervisor, the facility had two battery powered emergency light units. The battery powered emergency light unit in the Living Room was not working when tested. Based on record review between 11:00 a.m. and 1:30 p.m. with the Area Supervisor present, the report from the inspection vendor dated 03/02/21 stated "Emergency Light in front room has no electricity going to it. Need an electrician to look and see what's going on". Based on interview at the time of record review and observation, the Area Supervisor acknowledged the battery powered emergency light unit was not working.</p> <p>This finding was reviewed with the Area Supervisor at the exit conference.</p> <p>NFPA 101 Number of Exits - Patient Sleeping and Non-SI</p>				<p>The battery powered emergency light unit in the Living Room was not working when tested. Based on record review between 11:00 a.m. and 1:30 p.m. with the Area Supervisor present, the report from the inspection vendor dated 03/02/21 stated "Emergency Light in front room has no electricity going to it. Need an electrician to look and see what's going on". Based on interview at the time of record review and observation, the Area Supervisor acknowledged the battery powered emergency light unit was not working.</p> <p>PLAN OF CORRECTION: Program Manager called in work order #ARA200677 for electrician to come inspect and correct living room emergency lighting. Program Manager requested report to be sent via email once work order has been completed and new test ran to ensure proper working order of emergency system.</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Program Director, Quality Assurance</p> <p>DATE TO BE COMPLETED: JUNE 1, 2021</p>		

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	<p>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> <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 			

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	<p>having jurisdiction.</p> <p>c. The window or door shall open onto an exterior balcony.</p> <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> <p>a. The window well allows the window to be fully openable.</p> <p>b. The window is not less than 9 square feet with a length and width of not less than 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 2 of 4 clients sleeping rooms were provided with a secondary means of escape in accordance with 33.2.2.3. LSC 33.2.2.3</p>	K S253	ISSUE: Based on observations on 04/29/21 between 11:00 a.m. and 1:30 p.m. during a tour of the facility with the Area Supervisor,	06/01/2021

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K S511 Bldg. 01	<p>requires a secondary egress from each sleeping room with multiple provisions. This deficient practice could affect at least 4 clients.</p> <p>Findings include:</p> <p>Based on observations on 04/29/21 between 11:00 a.m. and 1:30 p.m. during a tour of the facility with the Area Supervisor, in bedroom #1 (CP and JM), there was a bed in front of the window which would obstruct access. In bedroom #2 (DW and SC) there was also a bed in front of the window which would obstruct access. Based on interview at the time of each observation, this was acknowledged by the Area Supervisor.</p> <p>This finding was reviewed with the Area Supervisor at the exit conference.</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping 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 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,</p>	K S511	<p>in bedroom #1 (CP and JM), there was a bed in front of the window which would obstruct access. In bedroom #2 (DW and SC) there was also a bed in front of the window which would obstruct access. Based on interview at the time of each observation, this was acknowledged by the Area Supervisor.</p> <p>PLAN OF CORRECTION: The room was rearranged so that there are no objects blocking emergency exit. Photos of room correction are attached.</p> <p>PERSONS RESPONSIBLE: Area Supervisor</p> <p>DATE TO BE COMPLETED: Completed</p> <p>ISSUE: Based on observation on 04/29/21 at 12:45 p.m. during a tour of the facility with the Area Supervisor, there was one electric receptacle in the west side bathroom that was within two feet</p>	06/01/2021	

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	<p>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) 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</p>		<p>of the sink. The receptacle was provided with GFCI protection, however, when tested with a GFCI tester it did not break the electrical circuit, however, the test button on the GFCI receptacle did break the electrical circuit when tested.</p> <p>Based on interview at the time of observation, the Area Supervisor agreed the electric receptacle in the west side bathroom was not provided with a properly working GFCI receptacle</p> <p>PLAN OF CORRECTION: Program Manager called in work order #ARA200674 to replace GCFI in west bathroom to ensure it is in proper working order for the safety of individuals.</p> <p>PERSONS RESPONSIBLE: Area Supervisor, Program Manager, Quality Assurance</p> <p>DATE TO BE COMPLETED: JUNE 1, 2021</p>	

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	<p>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. 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 in the home.</p> <p>Findings include:</p> <p>Based on observation on 04/29/21 at 12:45 p.m. during a tour of the facility with the Area Supervisor, there was one electric receptacle in the west side bathroom 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, however, the test button on the GFCI receptacle did break the electrical circuit when tested. Based on interview at the time of observation, the Area Supervisor agreed the electric receptacle in the west side bathroom was not provided with a properly working GFCI receptacle.</p> <p>This finding was reviewed with the Area</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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	Supervisor at the exit conference.				