

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G184	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2023
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 H ST BEDFORD, IN 47421
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K 0000 Bldg. 01	<p>A second Post Survey Revisit (PSR) to the PSR conducted on 01/17/23 to the Life Safety Code Recertification Survey conducted on 12/05/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 02/23/23</p> <p>Facility Number: 000717 Provider Number: 15G184 AIM Number: 100234700</p> <p>At this PSR Life Safety Code 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 two-story facility with a basement was not sprinkled. This facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas, basement and hard-wired smoke detectors in 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 0.6.</p> <p>Quality Review completed on 02/23/23</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patrick O'Heran	QIDP Manager	03/03/2023

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 S211 Bldg. 01	<p>NFPA 101 Means of Egress - General Means of Escape - General 2012 EXISTING Designated means of escape shall be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. 33.2.2 Based on observation and interview, the facility failed to maintain 1 of 1 designated means of egress be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with Residential Manager on 2/23/23 between 9:45 a.m. and 10:45 a.m., the covered porch near the front door was under construction, concrete debris was scattered near the front door of the facility. A plywood ramp had been placed over the debris allowing the consumers access without stepping through the debris. However, the ramp area did not have rails or guards which would prevent the consumers from entering or falling onto the construction area. The Residential Manager stated that some of the consumers are unstable and occasionally subject to seizures. The RM stated that they were expecting the concrete work to be completed soon and another contractor was being secured to complete the work.</p> <p>This finding was acknowledged at the time of discovery and again at the exit conference with the Residential Manager present.</p>	K S211	As of the date this plan is submitted, the project remains incomplete. ResCare has moved forward with a new contractor to complete the project. The contractor is scheduled to start work 3-13-23. The project is expected to be completed no later than 3-23-23. The ED will be in contact with the contractor routinely to ensure the project is . Immediate correction is completed by adding handrails to the current pathway to prevent the individuals from falling into the debris. ; The QAM will continue to update IDOH every 30 days until the project is fully completed.;	03/23/2023
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K S253 Bldg. 01	<p>This deficiency was cited on 12/5/22 and on 01/17/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</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> <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 			

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	<p>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: <ul style="list-style-type: none"> 1. The ladder or steps do not extend more than 6 inches into the well. 2. The ladder or steps are not obstructed by the window. <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> <ul style="list-style-type: none"> 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. b. Existing approved means of escape shall be permitted to continue to be used. 			

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	<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 5 clients sleeping rooms 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 all clients.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with Residential Manager on 02/23/23 between 9:45 a.m. and 10:45 a.m., the windows in the downstairs kitchen bedroom were obstructed blocking access to the secondary means of escape in the client sleeping room. The RM stated that the facility was purchasing new beds which would allow for the sleeping room to be rearranged and free up space near the windows. The RM stated that the beds have not been purchased yet.</p> <p>This finding was acknowledged at the time of discovery and again at the exit conference with the Residential Manager present.</p> <p>This deficiency was cited on 12/5/22 and on 01/17/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	K S253	To correct the deficient practice new beds have been purchased and set up in the bedroom to allow enough space for egress. The bedroom was arranged to allow complete access to one of the windows. To correct the issue systemically the RM has been trained by the PM to ensure no routes of egress are blocked in the sleeping areas. Additionally, the RM will complete weekly inspections of the bedrooms to ensure no routes of egress or escape are blocked. If any issues are found, they will be corrected immediately and/or reported to maintenance to be corrected.	03/23/2023	