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

PRINTED: 05/27/2021 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN  O(4) ID  SIMMARY STATEMENT OF DEFICIENCIES  REFORM (ACAD BEFCIENCY MIST BE PRECEDED BY PLLL  TAG  REOULATORY OR LSC IDENTIFYING INFORMATION)  BIdg. —  An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.  Survey Date: 05/12/21  Facility Number: 100248740  At this Emergency Preparedness survey, Res Care Community Alternatives SE IN was found in compliance with Furregency Preparedness Requirements for Medicaid Participating Providers and Suppliers, 42 CFR 483.475.  The facility has 8 certified beds. At the time of the survey, the census was 8.  Quality Review completed on 05/14/21  K 0000  Bidg. 01  A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470().  Survey Date: 05/12/21  Facility Number: 100248740  At this Life Safety Code survey, Res Care Community Alternatives SE IN was found in accordance with 42 CFR 483.470().  Survey Date: 05/12/21  Facility Number: 100248740  At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		1 1	ULTIPLE CO	SURVEY			
STREET ADDRESS, CITY, STATE, ZIP CODE 427 W LONGEST ST PAOLI, IN 47454  STREET ADDRESS, CITY, STATE, ZIP CODE 427 W LONGEST ST PAOLI, IN 47454  STREET ADDRESS, CITY, STATE, ZIP CODE 427 W LONGEST ST PAOLI, IN 47454  BEGULATORY OF LISE (DENTIFYING INFORMATION)  BIdg. —  An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.  Survey Date: 05/12/21  Pacility Number: 100248740  At this Emergency Preparedness survey, Res Care Community Alternatives SE IN was found in compliance with Paregreey Preparedness Requirements for Medicard and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.  The facility has 8 certified beds. At the time of the survey, the census was 8.  Quality Review completed on 05/14/21  K 0000  Bidg. 01  A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470()).  Survey Date: 05/12/21  Facility Number: 000673 Provider Number: 156136 AIM Number: 100248740  At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING  B. WING			COMPLETED	
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A LADOR ATORY DIRECTORS OF PROVIDED GURN IED DEDDEGENTATIVES GIGNATURE		AIM Number: 1002  At this Life Safety C	248740 Code survey, Res Care					
	I ADOD (TOT	V DIDECTORIC OR PROC	//DED/GLIDDLIED DEDDEGES/W. WW. 1992 02	ON A TEXT IS	<u> </u>	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.

000673

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

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CC A. BUILDING	ONSTRUCTION 01	(X3) DATE SURVEY  COMPLETED
111.012.11	15G136	B. WING	01	05/12/2021
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	427 W I	ADDRESS, CITY, STATE, ZIP CODE LONGEST ST IN 47454	
(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	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.  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.			
	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 0.52.  Quality Review completed on 05/14/21			
K S511 Bldg. 01	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, states, ground-fault circuit-interruption for personnel shall be provided as required in	K S511	ISSUE: The facility failed to ensure 1 of 3 wet locations we provided with ground fault circ interrupter (GFCI) protection against electric shock. Based observation on 05/12/21 at 1:2 p.m. during a tour of the facility with the Area Supervisor, there	uit on 21 y

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

O5X221

Facility ID: 000673

If continuation sheet

Page 2 of 4

PRINTED: 05/27/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01		COMPLETED		
		15G136	B. WING		05/12/2021		
100.00			_		00/ 12/20		
NAME OF PROVIDER OR SUPPLIER				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
THE OF THE TELESCOPE SERVICE S				427 W I	LONGEST ST		
RES CARE COMMUNITY ALTERNATIVES SE IN			PAOLI,	IN 47454			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX PROVIDER'S PLAN OF CORRECTIO  PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF		C	OMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	210.8(A) through (0	C). The ground-fault			was one electric receptacle in		
	circuit-interrupter s	hall be installed in a readily			bathroom #1 (first room on the		
	accessible location.			right in the client sleeping roon		n	
	Informational Note:	: See 215.9 for ground-fault			corridor) that was within two fe		
		rotection for personnel on			of the sink. The receptacle wa		
	feeders.	1			provided with GFCI protection,		
		velling Units. All 125-volt,			however, when tested with a GFCI		
	` '	nd 20-ampere receptacles			tester it did not break the elect		
		tions specified in 210.8(B)			circuit. Furthermore, the GFC		
	(1) through (8) shal				tester showed an open ground		
		protection for personnel.			l toolor on on our arr opon ground		
	(1) Bathrooms	rotection for personner.			PLAN TO CORRECT: Work or	der	
	(2) Kitchens				was submitted (see attached \		
	(3) Rooftops			submission) on 5-12-2021 to			
	(4) Outdoors			Aramark Maintenance by Area			
	` '	(3) and (4): Receptacles that		Supervisor addressing the GFCI			
	-	essible and are supplied by a			breaking the electrical circuit and		
	branch circuit dedic				open ground. A follow up ema		
					1		
		ing, or pipeline and vessel			was submitted to the Manager		
		shall be permitted to be			Aramark on 5-14-2021. Arama		
		nce with 426.28 or 427.22,			confirmed they received the w		
	as applicable.	(4). I., : h+.:-1			order. They came to the location		
	Exception No. 2 to				on 5-25-2021 and said the rep		
	•	where the conditions of			will be completed no later than		
		pervision ensure that only			5-28-2021.		
		are involved, an assured			Program Manager will follow u		
	equipment grounding conductor program as				5-30-2021 to ensure the work		
		B)(2) shall be permitted for			completed. Program Manager		
		le outlets used to supply			follow up monthly to ensure th	e	
		ald create a greater hazard if			home stays in good working		
	power is interrupted or having a design that is not				order.		
	compatible with GFCI protection.						
	(5) Sinks - where receptacles are installed within				PERSONS RESPONSIBLE: A		
		outside edge of the sink.			Supervisor, Program Manager		
	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						
					DATE TO BE COMPLETED:		
					6-1-2021		
	GFCI protection.						
	Exception No. 2 to	(5): For receptacles located					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

O5X221

Facility ID: 000673

If continuation sheet Page 3 of 4

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

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G136	l í	LDING	nstruction  01	(X3) DATE COMPL 05/12/	ETED
	PROVIDER OR SUPPLIER	LTERNATIVES SE IN		427 W L	.DDRESS, CITY, STATE, ZIP CODE .ONGEST ST IN 47454		
(X4) ID		TATEMENT OF DEFICIENCIES		ID			(V5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	THE APPROPRIATE	
	in patient bed locatic critical care areas of than those covered to 210.8(B)(1), GFCI required.  (6) Indoor wet locatic (7) Locker rooms we facilities  (8) Garages, serviced where electrical diagnostic equipments NFPA 70, 517-20 Were receptacles and fixed of the wet location interrupter (GFCI) and electrical insular failure. This deficient.  Findings include:  Based on observation during a tour of the Supervisor, there we bathroom #1 (first resleping room corrisof the sink. The receptacle in the sink of t	ons of general care or f health care facilities other under protection shall not be sions ith associated showering bays, and similar areas at the electrical hand tools. Wet Locations, requires all dequipment within the area to have ground-fault circuit protection. Note: Moisture act resistance of the body, attion is more subject to ent practice could affect one on 05/12/21 at 1:21 p.m. facility with the Area as one electric receptacle in facility with the Area as one electric receptacle was provided with the owever, when tested with a foot break the electrical circuit. FCI tester showed an open enterview at the time of the supervisor agreed the mount of the bathroom #1 was not early working GFCI receptacle.					DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

O5X221

Facility ID: 000673

If continuation sheet

Page 4 of 4