

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

PRINTED: 02/08/2024
FORM APPROVED
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G157 | X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING | X3) DATE SURVEY COMPLETED 01/22/2024 |
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| NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN | STREET ADDRESS, CITY, STATE, ZIP COD 3011 APACHE DR JEFFERSONVILLE, IN 47130 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 01/22/24</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</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 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 01/23/24</p> | E 0000 | | |
| K 0000 Bldg. 03 | <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: 01/22/24</p> <p>Facility Number: 000693 Provider Number: 15G157 AIM Number: 100234510</p> <p>At this Life Safety Code survey, Res Care</p> | K 0000 | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Mark Slaughter | AED | 02/02/2024 |

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 disclosed 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 S345 Bldg. 03 | <p>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 split level building was non sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors and all in all living areas. The facility smoke detectors installed hard wired to the fire alarm system installed in all client sleeping rooms. The facility has heat detection installed in the attic. 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 Prompt with an E-Score of 0.2.</p> <p>Quality Review completed on 01/23/24</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 Based on record review and interview, the facility</p> | K S345 | 1 The administrator will | 02/15/2024 |

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| | <p>failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Section 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Alarm System Inspection" documentation dated 02/18/23 with the Associate Executive Director from 10:30 a.m. to 11:55 a.m. on 01/22/24, documentation of a visual semi-annual fire alarm system inspection six months after 02/18/23 was not available for review. Based on interview at the time of record review, the Associate Executive Director stated additional fire alarm system inspection documentation was not available for review and agreed documentation for a semi-annual visual fire alarm system inspection six months after 02/18/23 was not available for review.</p> <p>These findings were reviewed with the Associate Executive Director during the exit conference.</p> | | <p>ensure the Facility Fire Alarm System is tested and maintained in accordance with NFPA 72, as required by LSC 101 Section 9.6. NFPA 72. The administrator will ensure visual inspections shall be performed semi-annually on the Control unit trouble signals, Remote annunciators Initiating devices Notification appliances, and Magnetic hold-open devices. The Administrator will ensure records of system inspections, maintenance and testing are readily available.</p> <p>2 The administrator will ensure semi-annually inspections of the fire alarm system is completed by Koorsen Fire and Security and that reports of the tests/inspections are available in the facility for review. Koorsen Fire and Security will also forward inspection reports to the QA Manager for monitoring of completion.</p> <p>3 The Program Manager met with a representative from Koorsen Fire and Security, on January 23, 2024 to schedule semi-annual and annual inspections for 2024. The Facility will require schedule required testing and request copies of inspections and testing mailed to the program manager upon completion to the Program Manager at 4341 Security PKWY Suite 101 New Albany IN 47150.</p> <p>4 The Program Manager spoke with the Kris Carney from</p> | |

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| | | | <p>Koorsen Fire and Security and verified all sites have an annual functional fire alarm inspection in the Month of February and a semiannual fire alarm visual inspection completed in August. Koorsen Fire and Security was notified of ResCare's "In Scope Services Agreement" that automatically authorizes repair/service of fire systems. Koorsen will notify the Program Manger upon completion of all inspections to ensure any deficiencies are properly tracked and repaired. Koorsen will send documentation of all inspections, services and repair to ResCare main office at 4341 Security Parkway STE. 101 New Albany IN 47150 with in 30 days of completed service.</p> <p>5 If documentation of August Semi-Annual Inspection can not be located by January 15, 2024, a semiannual inspection will be completed North Side Fire and Security by January 31, 2023.</p> <p>6 Report will be available for review no later than February 15, 2024 and reviewed by the Maintenance Manager and Program Manager.</p> <p>7 The Maintenance Manager will follow up to ensure work is completed and documented as required.</p> <p>Persons Responsible: AED, Maintenance Manager, Program</p> | |

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| | | | Manager, Area Supervisor, and Residential Manager, DSP Koorsen Fire and Security Representative. | | |