STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G194	A. BUILDING -- B. WING	01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	115 STONEGATE BEDFORD, IN 47421

(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. --	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475. Survey Date: 01/04/19 Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320 At this Emergency Preparedness survey, Res Care Community Alternatives SE IN was found not in compliance with Emergency Preparedness Requirements for Medicare 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 6. Quality Review completed on 01/09/19 The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:	E 0000		
E 0006 Bldg. --	Based on record review and interview, the facility failed to maintain an emergency preparedness plan that was (1) based on and includes a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients and (2) included strategies for addressing emergency events identified by the risk assessment in accordance with 42 CFR 483.475(a) (1) and 42 CFR 483.475(a)	E 0006	**E006: Plan Based on All Hazards Risk Assessment** **Corrective action:** · The facility-based and community-based risk assessment utilizing an all-hazards approach will be	02/03/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	15G194	A. BUILDING -- B. WING	01/04/2019

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RES CARE COMMUNITY ALTERNATIVES SE IN	115 STONEGATE BEDFORD, IN 47421

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	(2). This deficient practice could affect all occupants. Findings include: Based on review of emergency preparedness documentation on 01/04/19 between 9:50 a.m. and 12:05 p.m. with the Home Manager from another facility present, there was a facility-based and community-based risk assessment utilizing an all-hazards approach available, however, there was not date provided to show it has been reviewed and updated within the past 12 months, furthermore, the available risk assessment included a "1" rating for a generator failure, however, the facility does not have a generator. Based on interview at the time of record review, the Home Manager said she did not know if the available all-hazards risk assessment for the facility had been reviewed and updated within the past year and confirmed the facility did not have an emergency generator.		reviewed and updated. Staff will be trained (Attachment A) on this update by 2-3-19. · The Risk Assessment will be rated as to not identify a "1" rating as there is not a generator at this location. **How we will identify others**: · Assessments will be completed according to the options available in each individual home. · All assessments will be reviewed and updated annually. **Measures to be put in place:** · The Area Supervisor will ensure the EPP is updated annually and all staff are trained on the Emergency Preparedness Manual. · Upon visiting a home, the Program Manager will review the Emergency Preparedness Manual and document the visit on the Home Visitor Sign In form located in each home. **Monitoring of Corrective Action**: · The Site Review Team, consisting of the QA department, Program Managers, QIDP-D's, Nurse Manager, AED, and ED will complete monthly site reviews of each location and document any issues/findings on the site review form. · Site Review forms will be reviewed by each Area Supervisor and Program Manager for that home and follow-up as necessary	

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RES CARE COMMUNITY ALTERNATIVES SE IN	115 STONEGATE BEDFORD, IN 47421

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			to correct all issues. · AED, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. **Completion Date: 2-3-19**	
K 0000 Bldg. 02	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 01/04/19 Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320 At this 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. This one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of six at the time of this survey.	K 0000		

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	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 0.32. Quality Review completed on 01/09/19			
K S345 Bldg. 02	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 manual fire alarm system was maintained in accordance with Section 9.6. Section 9.6.1.3 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.6.2.4 states a record of all inspections, testing, and maintenance shall be provided that includes all the applicable information requested. Device test results shall include information such as device type, address or location and test result. This deficient practice could affect all clients, staff and visitors. Findings include: Based on record review on 01/04/19 at 10:55 a.m.	K S345	**K0345: Fire Alarm System – Testing and Maintenance** **Corrective action:** · Residential Manager reached out to Tyco Simplex Grinnel and obtained a copy of the Fire Alarm and Detection System Inspection Report (Attachment D). · RM to be in-serviced to ensure there is a copy of the report available in the home within 10 days of inspection. · Johnson Controls, formally known as Tyco Simplex Grinnell, will be shipping two smoke detectors to the home for the ResCare Maintenance Man to	02/08/2019

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	with the Home Manager from another facility present, documentation of the location and results of initiating device testing in the facility within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Home Manager said she was not aware of any other documentation available for review indicating the location and results of visual and functional testing of manual fire alarm boxes and smoke detectors within the most recent twelve month period. 2. Based on record review and interview, the facility failed to ensure documentation was available to show 10 of 10 smoke detectors were within their listed and marked sensitivity range. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6. Section 9.6.1.3 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods: (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test		replace in bedroom #1 and in the north hallway outside of the office. (This to be completed no later than 2-8-19). (Attachment F) **How we will identify others:** · RM will obtain a copy of all reports from Simplex Grinnell within 10 days of inspection. · AS will ensure RM has obtained a copy of all Simplex Grinnell Reports. **Measures to be put in place:** · AS will ensure RM has obtained a copy of all Simplex Grinnell Reports. · A copy of the Simplex Grinnell Reports will be sent to the PM for review. · As of 1-1-19, Tyco Simplex Grinnell is now called Johnson Controls. **Monitoring of Corrective Action**: · Program Manager to review Simplex Grinnell Reports for filing and follow-up if warranted. · Program Manager will follow-up with Maintenance Man on 2-8-19 to ensure smoke detectors in bedroom #1 and in the north hallway outside of the office have been replaced. · Management team will complete monthly site review checklist at each home and review drills books and EPP's. · Program Director, Program Manager, Executive Director, HR Manager, Nursing Manager will	

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	instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction. Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced. The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients, staff, and visitors. Findings include: Based on record review on 01/04/19 at 10:55 a.m. with the Home Manager from another facility present, there was no documentation available to show the facility's smoke detectors have been tested for sensitivity. Based on interview at the time of record review, the Home Manager said there was no documentation available to show sensitivity testing was performed for the facility's ten smoke detectors.		perform Best in Class reviews at all locations within the year. The results will be shared with all team members. **Completion Date: 2-8-19**	
K S346 Bldg. 02	NFPA 101 Fire Alarm System - Out of Service Fire Alarm System - Out of Service 2012 EXISTING (Prompt) Where a required fire alarm system is out of service for more than four hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the			

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	shutdown until the fire alarm system has been returned to service. 33.2.3.4.1, 9.6.1.3, 9.6.1.5, 9.6.1.6 Based on record review and interview, the facility failed to provide a complete written policy for the protection of 6 of 6 clients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice could affect all clients in the facility. Findings include: Based on record review on 01/04/19 at 10:58 a.m. with the Home Manager from another facility present, the facility did have a policy for an impaired fire alarm system, however, the Fire Watch policy for the fire alarm system lacked the web link for contacting the Incident Reporting System located on the Indiana State Department of Health (ISDH) Gateway, plus contacting the local fire department with phone number included. Based on interview at the time of record review, the Home Manager agreed the web link for contacting the Incident Reporting System located on the ISDH Gateway was missing from the fire watch policy along with contacting the local fire department with phone number included, and further said this was the only fire watch policy available in the facility.	K S346	**K0346: Fire Alarm System – Out of Service** **Corrective action:** · The fire watch plan (Attachment B) will include the web link for contacting the Incident Reporting System located on the Indiana State Department of Health Gateway. · All Staff will be in-serviced (Attachment A) on the updated fire watch plan which includes the web link for the ISDH gateway. **How we will identify others:** · Residential Manager and Area Supervisor will review the Fire Watch Plan monthly during the Monthly Staff meetings (Attachment C). Monthly staff meeting in-service to be sent to Program Manager for review. · RM and AS will maintain the web link for the ISDH website and ensure all staff are aware of where and how to use it, if need be. **Measures to be put in place:** · Program Manager to review the monthly house meeting agenda to ensure all staff have been trained on the Fire Watch Plan and all its contents. **Monitoring of Corrective Action**:	02/03/2019

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			· Program Manager to review monthly house meeting agenda and ensure all staff have been trained on the Fire Watch Plan. · Management team will complete monthly site review checklist at each home. Team member completing the checklist will check to see the Fire Watch Plan, including web link for ISDH, is present in the plan. · Program Director, Program Manager, Executive Director, HR Manager, Nursing Manager will perform Best in Class reviews at all locations within the year. The results will be shared with all team members. **Completion Date: 2-3-19**	
K S353 Bldg. 02	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are			

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	inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).			

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	A. Date sprinkler system last checked and necessary maintenance provided. _____ B. Show who provided the service. _____ C. Note the source of the water supply for the automatic sprinkler system. _____ (Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 2 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could	K S353	**K0353: Sprinkler System – Maintenance and Testing** **Corrective action:** · Residential Manager reached out to Tyco Simplex Grinnel and obtained a copy of the Report of Inspections dated 10-8-18 and 1-2-19 (Attachment E). · RM to be in-serviced to ensure there is a copy of the report available in the home within 10 days of inspection. · Johnson Controls will provide labor and material to perform the 5-year internal pipe investigation on (1) wet riser and replace outdated gauges per NFPA 25, will perform the 5-year internal inspection on check valves, replace missing control valve signs and recharge the antifreeze system. (Attachment G) **How we will identify others:**	02/28/2019

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	affect all clients, staff, and visitors in the facility. Findings include: Based on review of the facility's quarterly sprinkler system inspection records on 01/04/19 at 10:50 a.m. with the Home Manager from another facility present, there was no third quarter (July, August, and September) and fourth quarter (October, November, December) of 2018 quarterly sprinkler system inspections available for review. During an interview at the time of record review, the Home Manager said there were no third and fourth quarter of 2018 sprinkler system inspection reports available for review. 2. Based on record review, observation and interview; the facility failed to ensure 1 of 2 sprinkler system gauges was replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients, staff, and visitors in the facility. Findings include: Based on review of the facility's quarterly sprinkler system inspection reports on 01/04/19 at 10:40 a.m. with the Home Manager from another facility present, the date of the sprinkler system gauge replacement or recalibration was not available for review. Based on observation with the Home Manager during a tour of the facility		· RM will obtain a copy of all reports from Simplex Grinnell within 10 days of inspection. · AS will ensure RM has obtained a copy of all Simplex Grinnell Reports. · As of 1-1-19, Tyco Simplex Grinnell is now called Johnson Controls. **Measures to be put in place:** · AS will ensure RM has obtained a copy of all Simplex Grinnell Reports. · A copy of the Simplex Grinnell Reports will be sent to the PM for review. **Monitoring of Corrective Action**: · Program Manager to review Simplex Grinnell Reports for filing and follow-up if warranted. · Program Manager will follow-up with Site Supervisor to ensure Johnson Controls has completed the proposed services. (Attachment G) · Management team will complete monthly site review checklist at each home and review drills books and EPP's. · Program Director, Program Manager, Executive Director, HR Manager, Nursing Manager will perform Best in Class reviews at all locations within the year. The results will be shared with all team members. **Completion Date: 2-28-19**	

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	one of two sprinkler gauges on the sprinkler riser had a manufacture date of 2013. This was acknowledged by the Home Manager at the time of record review and again during observation of the sprinkler riser.			
K S354 Bldg. 02	NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to provide a written policy for the protection of 6 of 6 clients when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period. NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems at 15.5.2 (4) requires where a required fire protection system is out of service for more than 10 hours in a 24-hour period, the impairment coordinator shall arrange for one of the following: (5) the fire department has been notified and (6) the insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified. This deficient practice could affect all clients in the facility. Findings include:	K S354	**K0354: Sprinkler System – Out of Service** **Corrective action:** · The fire watch plan (Attachment B) will include the web link for contacting the Incident Reporting System located on the Indiana State Department of Health Gateway. · All Staff will be in-serviced (Attachment A) on the updated fire watch plan which includes the web link for the ISDH gateway. **How we will identify others:** · Residential Manager and Area Supervisor will review the Fire Watch Plan monthly during the Monthly Staff meetings	02/03/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G194	A. BUILDING 02 B. WING	01/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE COMMUNITY ALTERNATIVES SE IN	115 STONEGATE BEDFORD, IN 47421

(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
	Based on record review on 01/04/19 at 10:58 a.m. with the Home Manager from another facility present, the facility did have a policy for an impaired fire alarm system, however, the Fire Watch policy for the fire alarm system lacked the web link for contacting the Incident Reporting System located on the Indiana State Department of Health (ISDH) Gateway, plus contacting the local fire department and the insurance carrier with phone numbers included. Based on interview at the time of record review, the Home Manager agreed the web link for contacting the Incident Reporting System located on the ISDH Gateway was missing from the fire watch policy along with contacting the local fire department and the facility's insurance carrier with phone numbers included, and further said this was the only fire watch policy available in the facility.		(Attachment C). Monthly staff meeting in-service to be sent to Program Manager for review. · RM and AS will maintain the web link for the ISDH website and ensure all staff are aware of where and how to use it, if need be. **Measures to be put in place:** · Program Manager to review the monthly house meeting agenda to ensure all staff have been trained on the Fire Watch Plan and all its contents. **Monitoring of Corrective Action**: · Program Manager to review monthly house meeting agenda and ensure all staff have been trained on the Fire Watch Plan. · Management team will complete monthly site review checklist at each home. Team member completing the checklist will check to see the Fire Watch Plan, including web link for ISDH, is present in the plan. · Program Director, Program Manager, Executive Director, HR Manager, Nursing Manager will perform Best in Class reviews at all locations within the year. The results will be shared with all team members. **Completion Date: 2-3-19**	