

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

PRINTED: 05/12/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G255		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/27/2017	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042			
(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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K 0000  Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/27/17</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>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.</p> <p>This one story facility with a crawl space was fully sprinkled. This facility has a fire alarm system with smoke detection in the corridors, common living areas, 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</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 S353  Bldg. 02	<p>Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.44.</p> <p>Quality Review completed on 02/02/17 - DA</p> <p>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 inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested</li> </ol>						

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	<p>semiannually (NFPA 25, section 13.3.3.5).</p> <p>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on observation and interview,</p>	K S353	PROVIDER		03/24/2017		

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	<p>the facility failed to ensure 3 of 41 sprinkler heads located throughout the facility covered with corrosion were replaced. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations on 01/27/17 during a tour of the facility with the site manager from 10:40 a.m. to 12:05 p.m., the front entrance outside overhang sprinkler, the sprinkler riser room sprinkler, and the inside front entrance foyer sprinkler were covered in brown and black corrosion. This was verified by the site manager at the time of observations and acknowledged at the exit conference on 01/27/17 at 12:05 p.m.</p>				<p><b>IDENTIFICATION #:</b> <b>15G255</b></p> <p><b>NAME OF PROVIDER:</b> <b>RESCARE COMMUNITY ALT., SOUTH CENTRAL</b></p> <p><b>ADDRESS: 154 Chad Drive Versailles, IN 47042</b></p> <p><b>SURVEY EVENT ID #:</b> <b>RL5821</b></p> <p><b>DATE SURVEY COMPLETED: 1-27-17</b></p> <p><b>PROVIDER'S PLAN OF CORRECTION</b></p> <p><b>K0353: DANFPA 101 Sprinkler System-Maintenance and Testing</b></p>		

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	<p>2. Based on observation and interview, the facility failed to provide a sprinkler wrench in the spare sprinkler cabinet. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, in Section 5-4.1.6 requires a special sprinkler wrench to be provided and kept in the cabinet to be used in the removal and installation of sprinklers. One sprinkler wrench shall be provided for each type of sprinkler installed. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/27/17 at 11:35 a.m. with the site manager, there was no sprinkler wrench in the spare sprinkler cabinet, which was located in the staff office spare sprinkler cabinet. This was verified by the site manager at the time of observation and acknowledged at the exit conference on 01/27/17 at 12:05 p.m.</p> <p>3. Based on observation and interview, the facility failed to provide spare sprinklers for the sidewall sprinklers located in the living room. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, in Section 5-4.1.5</p>		<p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Simplex Grinnel has been contacted and is scheduled to replace 3 of 41 sprinkler heads located throughout the facility covered with corrosion; the front entrance outside overhang sprinkler, the sprinkler riser room sprinkler, and the inside front entrance foyer sprinkler. (Attachment A)</li> <li>·Simplex Grinnel has been contacted and is scheduled to bring a spare sprinkler wrench for the sidewall sprinklers located in the living room. (Attachment A)</li> <li>·Simplex Grinnel has been contacted and is scheduled to replace client sleeping room #1 and client sleeping room #4 sprinkler escutcheon plate which left a one inch opening in the ceiling. (Attachment A)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·Simplex Grinnel is scheduled to complete quarterly inspections.</li> <li>·Site Supervisor will complete monthly site review to ensure all sprinkler heads are free of corrosion and all escutcheon plates are intact.</li> <li>·Environmental Service worker will complete a monthly site review to include checking</li> </ul>				

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	<p>requires the stock of spare sprinklers shall include all types and ratings installed and shall be as follows: (1) For protected facilities having under 300 sprinklers-no fewer than 6 sprinklers. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/27/17 at 11:45 a.m. with the site manager, the living room had four sidewall sprinklers located on each side of the living room. Furthermore, based on observation of the spare sprinkler cabinet, located in the staff office, there were no spare sidewall sprinkler in the spare sprinkler cabinet. This was verified by the site manager at the time of observation and acknowledged at the exit conference on 01/27/17 at 12:05 p.m.</p> <p>4. Based on observation and interview, the facility failed to ensure 2 of 41 sprinkler heads in the facility were maintained. NFPA 13, <i>Standard for the Installation of Sprinkler Systems</i>, 2010 Edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler. This deficient practice could affect all clients</p>				<p>all sprinkler heads</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Program Manager will review monthly checks to ensure all sprinkler heads been checked and are covered.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that junction boxes are properly covered. The results will be shared with all team members.</li> <li>·Site Reviews are reviewed monthly by Program Manager and are presented, at least quarterly, in Safety Committee Review.</li> </ul> <p><b>Completion Date: 3-24-17</b></p>		

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K S354  Bldg. 02	<p>and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations with the site manager on 01/27/17 during a tour of the facility from 10:40 a.m. to 12:05 p.m., client sleeping room #1 and client sleeping room #4 sprinklers were missing the sprinkler escutcheon plate which left a one inch opening in the ceiling. This was verified by the site manager at the time of observations and acknowledged at the exit conference on 01/27/17 at 12:05 p.m.</p> <p>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 complete written policy when the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period. NFPA 25, 15.5.2 (4) requires where a</p>	K S354	<p>PROVIDER IDENTIFICATION #: 15G255 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL</p>	03/24/2017			

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	<p>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.</p> <p>Findings include:</p> <p>Based on record review with the site manager on 01/27/17 at 10:40 a.m., the facility's Fire Plan lacked a written policy when the automatic sprinkler system is out of service for more than ten hours in a twenty four hour period. This was acknowledged by the site manager at the time of record review and at the exit conference on 01/27/17 at 12:05 p.m.</p>				<p>ADDESS: 154 Chad Drive Versailles, IN 47042 SURVEY EVENT ID #: RL5821</p> <p>DATE SURVEY COMPLETED: 1-27-17</p> <p><b>K0354: NFPA 101 Sprinkler System- Out of Service</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Fire watch policy has been placed in the home. (Attachment B)</li> <li>·All staff to be in-serviced on the fire watch policy.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·Site Supervisor will complete monthly drills and will ensure the fire watch policy is located in the emergency drill book.</li> </ul> <p><b>Measures to be put in place:</b></p>		

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K S363  Bldg. 02	NFPA 101 Corridor - Doors Corridor – Doors 2012 EXISTING (Prompt) Doors shall meet all of the following requirements:				<p>·Program Manager will review monthly checks to ensure to include the fire drill policy has been verified of being in the home.</p> <p>·</p> <p><b>Monitoring of Corrective Action:</b></p> <p>·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that junction boxes are properly covered. The results will be shared with all team members.</p> <p>·Site Reviews are reviewed monthly by Program Manager and are presented, at least quarterly, in Safety Committee Review.</p> <p><b>Completion Date: 3-14-17</b></p>		

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	<p>1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed.</p> <p>2. No doors shall be arranged to prevent the occupant from closing the door.</p> <p>3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>33.2.3.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 7 sleeping room doors were capable of resisting smoke and provided with mechanisms suitable for keeping the doors closed. This deficient practice affects 1 clients who resides in client sleeping rooms #3.</p> <p>Findings include:</p> <p>Based on observation with the site manager on 01/27/17 at 11:50 a.m., the corridor door to client sleeping room #3 failed to latch into the door frame and had a one inch gap around the top and latching sides of the door. This was verified by the site manager at the time of observation and at the exit conference on 01/27/17 at 12:05 p.m.</p>	K S363	<p>PROVIDER IDENTIFICATION #: 15G255</p> <p>NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL</p> <p>ADDRESS: 154 Chad Drive Versailles, IN 47042</p> <p>SURVEY EVENT ID #: RL5821</p> <p>DATE SURVEY COMPLETED: 1-27-17</p> <p>PROVIDER'S PLAN OF CORRECTION</p> <p><b>K0363: NFPA 101</b> <b>Corridor- Doors</b></p>		03/24/2017		

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					<p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Work order has been submitted for client sleeping room #3 to ensure the door frame latches and does not cause a one inch gap around the top and latching sides of the door. (Attachment C)</li> <li>·Environmental Service worker will complete monthly review of all doors to ensure they latch.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·Site Supervisor will complete weekly site reviews to ensure all doors latch correctly.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Program Manager will review monthly checks to ensure all doors have been checked.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year to ensure that</li> </ul>		

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					<p>junction boxes are properly covered. The results will be shared with all team members.</p> <p>·Site Reviews are reviewed monthly by Program Manager and are presented, at least quarterly, in Safety Committee Review.</p> <p><b>Completion Date: 3-14-17</b></p>		