STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G749	A. BUILDING -- B. WING	12/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RES CARE SOUTHEAST INDIANA	16613 SIMA GRAY RD HENRYVILLE, IN 47126

(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: 12/21/17 Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630 At this Emergency Preparedness survey, Res Care Southeast Indiana was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475. The facility has 4 certified beds. At the time of the survey, the census was 4. Quality Review completed on 12/28/17 - DA The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:	E 0000		

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

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E 0037 Bldg. --	Based on record review and interview, the facility failed to ensure the emergency preparedness training and testing program includes a training program. The ICF/IDD facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of the training; (iv) Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.475(d)(1). This deficient practice could affect all clients in the facility. Findings include: Based on review of the Res Care Emergency Disaster Preparedness Manual dated 07/21/17 with direct support associate #1 on 12/21/17 at 12:10 p.m., there was no documentation of initial training or annual training for staff over the past year. This was confirmed by direct support associate #1 at the time of record review.	E 0037	The agency has developed an Emergency Disaster Preparedness Plan that meets all Federal, State, and local emergency preparedness requirements and the plan will be reviewed and updated annually by the Safety Committee. All staff will be trained on the plan policies and procedures and participate in a community based disaster drill. The Quality Assurance Manager will train the area supervisor on the policies and procedures and the area supervisor will train all facility employees.	01/20/2018
E 0039				

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Bldg. --	Based on record review and interview, the facility failed to conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The ICF/IDD facility must do all of the following: (i) participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the ICF/IDD facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IDD facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event; (ii) conduct an additional exercise that may include, but is not limited to the following: (A) a second full-scale exercise that is community-based or individual, facility-based. (B) a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan; (iii) analyze the ICF/IDD facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IDD facility's emergency plan, as	E 0039	The agency has developed an Emergency Disaster Preparedness Plan that meets all Federal, State, and local emergency preparedness requirements and the plan will be reviewed and updated annually by the Safety Committee. The administrator will ensure all staff participate in two annual training exercises each year.	01/20/2018

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	needed in accordance with 42 CFR 483.475(d)(2). This deficient practice could affect all clients in the facility. Findings include: Based on review of the Res Care Emergency Disaster Preparedness Manual dated 07/21/17 with direct support associate #1 on 12/21/17 at 12:10 p.m., there was no documentation of two annual training exercises conducted over the past year. This was confirmed by direct support associate #1 at the time of record review.			
K 0000 Bldg. 01	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: 12/21/17 Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630 At this Life Safety Code survey, Res Care Southeast Indiana was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life	K 0000		

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	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 fully sprinkled. The 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 and common living areas. The facility has a capacity of 4 and had a census of 4 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 0.08. Quality Review completed on 12/28/17 - DA			
K S100 Bldg. 01	NFPA 101 General Requirements - Other General Requirements – Other 2012 EXISTING List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Based on observation and interview, the	K S100		01/20/2018

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	facility failed to ensure 2 of 2 battery operated emergency lights were maintained in accordance with LSC 7.9. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all clients in the facility. Findings include: Based on observation on 12/21/17 with direct support associate #1 during a tour of the facility from 12:07 p.m. to 1:05 p.m., the facility had a battery operated emergency light fixture located on the wall in the North Hall client sleeping room corridor and the South Hall client sleeping room corridor with a sticker on each light from Koorsen Fire & Security indicating an annual ninety minute test was conducted on February 2017. Furthermore, when asked if the facility had documentation of monthly testing conducted over the past year, direct support associate		The administrator will ensure a functional test of emergency lighting equipment will be conducted for 30 seconds at 30 day intervals and an annual test will be conducted on every required battery operated emergency lighting system for not less than a 1 ½ hour duration. Koorsen Fire and Security will conduct the 1 ½ hour annual testing and the maintenance coordinator will conduct the monthly 30 seconds testing. Both parties conducting the testing will then provide proper documentation to the QA Manager upon completion. The QA Manager will monitor to ensure the facility remains in compliance with regulatory requirements. The QA manager will train the maintenance coordinators on conducting the testing and maintaining documentation. This will be effective immediately.	

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	#1 stated the facility does not have documentation of monthly testing over the past year for the two battery backup lights. This was confirmed by direct support associate #1 at the time of observations.		*** Simplex Grinnell, the former service provider did not provide documentation of the above testing/inspections and the contract with them was terminated. Koorsen Fire and Security, the new service provider will conduct the above testing/inspections immediately.**	
K S345 Bldg. 01	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 fire alarm system including the components was inspected annually to protect 4 of 4 clients. LSC 9.6.1.3 requires fire alarm systems to be installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, Table 14.4.5 requires functional testing to be conducted annually for initiating devices such as smoke detectors, release devices, and fire alarm	K S345	1.The administrator will ensure annual functional testing for initiating devices such as smoke detectors, release devices, and fire alarm boxes is performed by Koorsen Fire and Security on the fire alarm system and that reports of the tests/inspections are available in the facility for review.	01/20/2018

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	boxes. This deficient practice affects all clients in the facility. Findings include: Based on record review on 12/21/17 at 12:10 p.m. with direct support associate #1, there was no record available for review to indicate an annual functional test was conducted on fire alarm system components. This was confirmed by direct support associate #1 at the time of record review. 2. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. NFPA 72, 14.4.5.3.1 states sensitivity shall be checked within 1 year after installation. NFPA 72, 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. This deficient practice could affect all clients in the facility.		2.The administrator will ensure sensitivity testing of the fire alarm system is completed by Koorsen Fire and Security every alternate year after install 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. This will be effective immediately. *** Simplex Grinnell, the former service provider did not provide documentation of the above testing/inspections and the contract with them was terminated. Koorsen Fire and Security, the new service provider will conduct the above testing/inspections immediately.**	

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	Findings include: Based on record review with direct support associate #1 on 12/21/17 at 12:15 p.m., there was no records available for review to indicate a two year sensitivity test was conducted on nine photoelectric smoke detectors located in the facility. This was confirmed by direct support associate #1 at the time of record review.			
K S353 Bldg. 01	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: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71).			

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	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). 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.			

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	(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 Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems was tested and/or inspected in accordance with NFPA 25. NFPA 25, Section 5.2.5 states, waterflow alarm and supervisory alarm devices shall be inspected quarterly to verify that they are free of physical damage. An inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operating condition and is free of physical damage. Section 5.3.3.2 states vane-type and pressure switch-type water flow alarm devices shall be tested semiannually. A test is defined as a procedure used to determine the operational status of a component or system by conducting periodic physical checks, such as waterflow tests, fire pump tests, alarm tests, and trip tests of dry pipe, deluge, or preaction valves. This deficient practice could affect all clients and staff. Findings include: Based on record review with direct support associate #1 on 12/21/17 at 12:15 p.m., there was no quarterly sprinkler system	K S353	The administrator will ensure Koorsen Fire and Security conducts quarterly sprinkler inspections and that the reports of the inspections are available in the facility for review and forwarded to the QA Manager for monitoring. The administrator will ensure monthly sprinkler gauge inspections and monthly control valve inspections are conducted by the ResCare maintenance coordinator, and that reports of the inspections are available in the facility for review and forwarded to the QA Manager for monitoring. This will be effective immediately. *** Simplex Grinnell, the former service provider did not provide documentation of the above testing/inspections and the contract with them was terminated. Koorsen Fire and Security, the new**	01/20/2018

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	inspection conducted for the first quarter of the year 2017. Furthermore, the only documentation provided for review by direct support associate #1 at the time of record review were quarterly sprinkler inspection reports from Simplex/Grinnell dated 11/13/17, 08/10/17, and 05/04/17. This was confirmed by direct support associate #1 at the time of record review.		**service provider will conduct the above testing/inspections immediately.**	
K S363 Bldg. 01	NFPA 101 Corridor - Doors Corridor – Doors 2012 EXISTING (Prompt) Doors shall meet all of the following requirements: 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 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. 33.2.3.6.4 Based on observation and interview, the facility failed to ensure 1 of 4 client sleeping room doors was capable of resisting smoke and provided with a mechanism suitable for keeping the door closed. This deficient practice affects 1 client who resides in client sleeping rooms #2. Findings include:	K S363	The administrator will all corridor doors meet Corridor-Doors CFR(s) NFPA standards and the corridor door for client sleeping room #2 will be repaired/replaced along with the strike plate. The QA manager will schedule this with the maintenance coordinator	01/20/2018

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	Based on observation with direct support associate #1 on 12/21/17 at 1:00 p.m., the corridor door to client sleeping room #2 failed to latch into the door frame and had a one inch gap around the top and latching sides of the door. Furthermore, the door frame was missing a strike plate. This was confirmed by direct support associate #1 at the time of observation.			