

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 08/30/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 154 CHAD DR VERSAILLES, IN 47042
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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>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 06/01/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 08/30/2021</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>At this PSR 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.</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 09/01/21</p>	E 0000		
E 0033 Bldg. --	<p>403.748(c)(4)-(6), 416.54(c)(4)-(6), 418.113(c)(4)-(6), 441.184(c)(4)-(6), 482.15(c)(4)-(6), 483.475(c)(4)-(6), 483.73(c)(4)-(6), 484.102(c)(4)-(5), 485.625(c)(4)-(6), 485.68(c)(4), 485.727(c)(4), 485.920(c)(4)-(6), 491.12(c)(4), 494.62(c)(4)-(6)</p> <p>Methods for Sharing Information §403.748(c)(4)-(6), §416.54(c)(4)-(6), §418.113(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §441.184(c)(4)-(6), §460.84(c)(4)-(6), §482.15(c)(4)-(6), §483.73(c)(4)-(6), §483.475(c)(4)-(6), §484.102(c)(4)-(5), §485.68(c)(4), §485.625(c)(4)-(6), §485.727(c)(4), §485.920(c)(4)-(6),</p>			

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 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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	<p>§491.12(c)(4), §494.62(c)(4)-(6).</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:</p> <p>(4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care.</p> <p>(5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not required for HHAs under §484.102(c), CORFs under §485.68(c)]</p> <p>(6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4).</p> <p>*[For RNHCIs at §403.748(c):] (4) A method for sharing information and care documentation for patients under the RNHCI's care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative.</p> <p>*[For RHCs/FQHCs at §491.12(c):] (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).</p>			

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	<p>Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes (4) A method for sharing information and medical documentation for clients under the ICF/IID facility's care, as necessary, with other health care providers to maintain the continuity of care; (5) A means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510(b)(1)(ii); (6) A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4) in accordance with 42 CFR 483.475(c)(4). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During review of the emergency preparedness documentation entitled "EPP Emergency Disaster Manual" on 08/30/21 between 1:45 p.m. and 2:45 p.m. with the Residential Manager (RM), the emergency preparedness plan did not include a method for sharing information and medical documentation in an emergency. Based on interview at the time of record review, the RM was on the phone with someone from the "main" office and neither could direct this surveyor to the location within the EPP Emergency Disaster Manual for a method for sharing information and medical documentation in an emergency.</p> <p>This issue was reviewed with the RM at the Exit Conference on 08/30/2021 at 3:00 p.m.</p> <p>This deficiency was cited on 06/01/2021. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	E 0033	<p>E033: Methods for Sharing Information</p> <p>Corrective action:</p> <ul style="list-style-type: none"> The Program Manager created a form to give to referrals, families and consumers regarding our Emergency Preparedness Plan and its contents. (Attachment A) The form provides information on how all information will be shared and the protection of client information will be secured. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Rescare as well as the Program Manager will update the form as needed with any additional information that will need to be shared. <p>Completion Date: 9/15/21</p>	09/15/2021	

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E 0034 Bldg. --	<p>403.748(c)(7), 416.54(c)(7), 418.113(c)(7), 441.184(c)(7), 482.15(c)(7), 483.475(c)(7), 483.73(c)(7), 484.102(c)(6), 485.625(c)(7), 485.68(c)(5), 485.727(c)(5), 485.920(c)(7), 491.12(c)(5), 494.62(c)(7)</p> <p>Information on Occupancy/Needs §403.748(c)(7), §416.54(c)(7), §418.113(c)(7) §441.184(c)(7), §482.15(c)(7), §460.84(c)(7), §483.73(c)(7), §483.475(c)(7), §484.102(c)(6), §485.68(c)(5), §485.68(c)(5), §485.727(c)(5), §485.625(c)(7), §485.920(c)(7), §491.12(c)(5), §494.62(c)(7).</p> <p>[(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following:</p> <p>(7) [(5) or (6)] A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.</p> <p>*[For ASCs at 416.54(c): (7) A means of providing information about the ASC's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.</p> <p>*[For Inpatient Hospice at §418.113(c):] (7) A means of providing information about the hospice's inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.</p> <p>Based on record review and interview, the facility</p>	E 0034	E034: Information on	09/15/2021	

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	<p>failed to ensure the emergency preparedness communication plan includes a means of providing information about the ICF/IID facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction (AHJ) or the Incident Command Center, or designee in accordance with 42 CFR 483.475(c)(7). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During review of the emergency preparedness documentation entitled "EPP Emergency Disaster Manual" on 08/30/21 between 1:45 p.m. and 2:45 p.m. with the Residential Manager (RM), the emergency preparedness plan did not include a means for providing information about the needs and abilities of the clients to the AHJ in an emergency. Based on interview at the time of record review, the RM was on the phone with someone from the "main" office and neither could direct this surveyor to the location within the EPP Emergency Disaster Manual for a policy and procedures for providing information about the needs and abilities to the AHJ in an emergency. This issue was reviewed with the RM at the Exit Conference on 08/30/2021 at 3:00 p.m.</p> <p>This deficiency was cited on 06/01/2021. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>Occupancy/Needs</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · The Continuity of Operations Plan (Attachment B) provides a method to share occupancy needs and ability to provide assistance to the Authority Having Jurisdiction or IC and will be placed in the EPP. · All staff will be trained on the Continuity of Operations Plan. · The Program Manager created a form to give to referrals, families and consumers regarding our Emergency Preparedness Plan and its contents. (Attachment A) The form provides information on how all information will be shared and the protection of client information will be secured. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · 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. · Rescare as well as the Program Manager will update the form as needed with any additional information that will need to be shared. 				

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E 0035 Bldg. --	<p>483.475(c)(8), 483.73(c)(8) LTC and ICF/IID Sharing Plan with Patients §483.73(c)(8); §483.475(c)(8)</p> <p>*[For LTC Facilities at §483.73(c):] [(c) The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:]</p> <p>*[For ICF/IIDs at §483.475(c):] [(c) The ICF/IID must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years. The communication plan must include all of the following:]</p> <p>(8) A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives. Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes a method for sharing information from the emergency plan that the facility has determined is appropriate with clients and their families or representatives in accordance with 42 CFR 483.475(c)(8). This deficient practice could affect all occupants.</p>	E 0035	<p>Completion Date: 9/15/21</p> <p>E035: LTC and ICF/IID Sharing Plan with Patients</p> <p>Corrective action:</p> <ul style="list-style-type: none"> The EPP plan will be discussed by the QIDP and shared with family members, the consumer, guardians and 	09/15/2021

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K 0000 Bldg. 02	<p>Findings include:</p> <p>During review of the emergency preparedness documentation entitled "EPP Emergency Disaster Manual" on 08/30/21 between 1:45 p.m. and 2:45 p.m. with the Residential Manager (RM), the emergency preparedness plan did not include a method for sharing information from the emergency plan with clients and their families in an emergency. Based on interview at the time of record review, the RM was on the phone with someone from the "main" office and neither could direct this surveyor to the location within the EPP Emergency Disaster Manual for a policy and procedures for providing information about the emergency plan with clients and their families.</p> <p>This issue was reviewed with the RM at the Exit Conference on 08/30/2021 at 3:00 p.m.</p> <p>This deficiency was cited on 06/01/2021. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 06/01/21 was conducted by the Indiana</p>	K 0000	<p>representatives of the consumers at their quarterly IDT meetings. (Attachment C)</p> <ul style="list-style-type: none"> The Program Manager created a form to give to referrals, families and consumers regarding our Emergency Preparedness Plan and its contents. (Attachment A) The form provides information on how all information will be shared and the protection of client information will be secured. QIDP-D will provide any updates to family members, the consumer, guardians and representatives of the consumers as the EPP is updated. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> The QIDP-D sends all IDT meeting forms to the QIDP and Program Manager for review and to ensure completion. Rescare as well as the Program Manager will update the form as needed with any additional information that will need to be shared. <p>Completion Date: 9/15/21</p>		

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	<p>Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/30/2021</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>At this PSR survey, Res Care Community Alternatives SE IN was found 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 building was determined to be fully sprinklered. The attic which is not used for living purposes, storage, or fuel-fire equipment is protected by heat detection devices connected to the fire alarm control panel. The facility has a fire alarm system with smoke detection in corridors and all living areas. 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 Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 3.6.</p> <p>Quality Review completed on 09/01/21</p>			