

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/23/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143			
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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: 08/23/16</p> <p>Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230</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 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>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. The facility has a capacity of 6 and had a census of 4 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 S051 Bldg. 02	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.40.</p> <p>Quality Review completed on 08/29/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6. 32.2.3.4.1. Based on 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 9.6.1.4 requires fire alarm systems to be installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing be done in accordance with the schedules in Chapter 7 and Table 703.2, Testing Frequencies. NFPA 72, Table 7-3.2.15 requires initiating devices such as smoke detectors, release devices, and fire alarm boxes shall be tested annually. NFPA 72, Table 7-3.2.19 requires annual testing of audible and visual devices. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p>			K S051	<p>K0051</p> <p>Corrective Action: (Specific): Simplex Grinnell will be contacted to obtain a copy of the most recent annual fire alarm system report and if the inspection is out of date an inspection will occur. The maintenance coordinator will be re-trained on ensuring that the fire alarm system is inspected at least annually and maintaining record of the inspection report.</p> <p>How others will be identified: (Systemic): The Program Manager will develop a tracking spreadsheet to keep track of the annual fire alarm inspections to ensure that the inspections</p>		09/22/2016

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	Based on interview on 08/23/16 at 9:45 a.m. with support associate #1, there were no records available for review to indicate an annual fire alarm system functional test was conducted over the past year for twelve photoelectric smoke detectors, two manual fire alarm boxes, four audible horns and four visual strobe lights. This was acknowledged by support associate #1 at the exit conference on 08/23/16 at 10:40 a.m.			<p>remain in compliance with LSC standards.</p> <p>Measures to be put in place: Simplex Grinnell will be contacted to obtain a copy of the most recent annual fire alarm system report and if the inspection is out of date an inspection will occur. The maintenance coordinator will be re-trained on ensuring that the fire alarm system is inspected at least annually and maintaining record of the inspection report.</p> <p>Monitoring of Corrective Action: The Program Manager will develop a tracking spreadsheet to keep track of the annual fire alarm inspections to ensure that the inspections remain in compliance with LSC standards</p> <p>Completion Date: 9/22/2016</p>			
K S053 Bldg. 02	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10, 32.2.3.43.1. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for all living						

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	<p>areas as defined in 3.3.119.</p> <p>Exception: Smoke alarms are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.</p> <p>Based on interview, the facility failed to ensure 12 of 12 smoke detectors were tested by a qualified service technician within the past 2 years. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 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 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 each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p>	K S053	<p>K0053</p> <p>Corrective Action: (Specific): Simplex Grinnell will be contacted to obtain a copy of the most recent smoke detector sensitivity test report and if the sensitivity test is out of date a sensitivity test will occur. The maintenance coordinator will be re-trained on ensuring that the smoke detector sensitivity testing is completed at least annually and maintaining record of the inspection report.</p> <p>How others will be identified: (Systemic): The Program Manager will develop a tracking spreadsheet to keep track of the annual smoke detector sensitivity testing to ensure that the tests remain in compliance with LSC standards.</p> <p>Measures to be put in place: Simplex Grinnell will be contacted to obtain a copy of the most recent smoke detector sensitivity test report and if the sensitivity test is out of date a sensitivity test</p>	09/22/2016			

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	<p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>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 in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on interview on 08/23/16 at 9:45 a.m. with support associate #1, there were no records available for review to indicate a two year sensitivity test was conducted for twelve photoelectric smoke detectors. This was acknowledged by support associate #1 at the exit conference on 08/23/16 at 10:40 a.m.</p>				<p>will occur. The maintenance coordinator will be re-trained on ensuring that the smoke detector sensitivity testing is completed at least annually and maintaining record of the inspection report.</p> <p>Monitoring of Corrective Action: The Program Manager will develop a tracking spreadsheet to keep track of the annual smoke detector sensitivity testing to ensure that the tests remain in compliance with LSC standards.</p> <p>Completion Date: 9/22/2016</p>		

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K S056 Bldg. 02	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in</p>						

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	<p>accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p>						

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	<p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p> <p>MPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p>						

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	<p>Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on interview, the facility failed to ensure sprinkler waterflow alarm devices were tested for 4 of 4 quarters over the past year. LSC 32.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semi-annually. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on interview on 08/23/16 at 9:45 a.m. with support associate #1, there were no records available for review to indicate quarterly inspections of</p>	K S056	<p>K0056</p> <p>Corrective Action: (Specific): Simplex Grinnell will be contacted to obtain copies of the sprinkler system testing reports and if the sprinkler system testing reports are out of date a sprinkler system test will occur. The maintenance coordinator will be re-trained on ensuring that the sprinkler system testing is completed at least quarterly and maintaining record of the inspection report.</p> <p>How others will be identified: (Systemic): The Program Manager will develop a tracking spreadsheet to keep track of the sprinkler system testing to ensure that the tests remain in compliance with LSC standards.</p>	09/22/2016			

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K S149	<p>waterflow alarm devices for the sprinkler system were conducted over the past four quarters. This was acknowledged by support associate #1 at the exit conference on 08/23/16 at 10:40 a.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p>			<p>Measures to be put in place: Simplex Grinnell will be contacted to obtain copies of the sprinkler system testing reports and if the sprinkler system testing reports are out of date a sprinkler system test will occur. The maintenance coordinator will be re-trained on ensuring that the sprinkler system testing is completed at least quarterly and maintaining record of the inspection report.</p> <p>Monitoring of Corrective Action: The Program Manager will develop a tracking spreadsheet to keep track of the sprinkler system testing to ensure that the tests remain in compliance with LSC standards.</p> <p>Completion Date: 09/22/2016</p>			

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Bldg. 02	<p>Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 areas where smoking was permitted used safety type ashtrays or receptacles for discarded smoking materials. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 08/23/16 from 9:10 a.m. to 10:40 a.m. with support associate #1, the back porch smoking location and the front porch smoking location each lacked safety type ashtrays and used a plastic coffee container for discarded cigarette butts. The lack of an acceptable safety type ashtray or receptacle for discarded smoking material for the back porch smoking location and front porch smoking location was acknowledged by support associate #1 at the exit conference on 08/23/16 at 10:40 a.m.</p>		K S149	<p>K0149</p> <p>Corrective Action: (Specific): An acceptable safety type ashtray or receptacle to discard smoking material will be purchased for the homes front porch and back porch.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly to ensure that the safety type ashtray or receptacle for discarding smoking materials remains in use and in good condition.</p> <p>Measures to be put in place: Simplex Grinnell will be contacted to obtain copies of the sprinkler system testing reports and if the sprinkler system testing reports are out of date a sprinkler system test will occur. The maintenance coordinator will be re-trained on ensuring that the sprinkler system testing is completed at least quarterly and maintaining record of the inspection report.</p>		09/22/2016	

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K S152 Bldg. 02	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified</p>			<p>Monitoring of Corrective Action: An acceptable safety type ashtray or receptacle to discard smoking material will be purchased for the homes front porch and back porch.</p> <p>Completion Date: 09/22/2016</p>			

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	<p>under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters and 1 of 3 shifts over the past year. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on a review of Emergency Evacuation Drill Reports on 08/23/16 at 9:45 a.m. with support associate #1, there was no record of a fire drill conducted on first shift for the second shift quarter of the year 2015 or 2016. This was verified by support associate #1 at the time of record review and acknowledged at the exit conference on 08/23/16 at 10:40 a.m.</p>		K S152	<p>K0152</p> <p>Corrective Action: (Specific): The Residential Manager will be re-trained on ensuring that evacuation drills are completed at least quarterly for each shift of personnel and under varied conditions.</p> <p>How others will be identified: (Systemic): Quality Assurance will track evacuation drills every month to ensure that evacuation drills are completed at least every quarter for all shifts of personnel under varied conditions. The Program Manager will follow up with quality assurance at least monthly to ensure that evacuation drills are completed according to LSC standard.</p> <p>Measures to be put in place: The Residential Manager will be re-trained on ensuring that evacuation drills are completed at least quarterly for each shift of personnel and under varied conditions.</p>		09/22/2016	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G723		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 08/23/2016	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 13009 HORIZON DR MEMPHIS, IN 47143			
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					<p>Monitoring of Corrective Action: Quality Assurance will track evacuation drills every month to ensure that evacuation drills are completed at least every quarter for all shifts of personnel under varied conditions. The Program Manager will follow up with quality assurance at least monthly to ensure that evacuation drills are completed according to LSC standard.</p> <p>Completion Date: 9/22/2016</p>		