PRINTED:	06/03/2022
FORM AP	PROVED
OMB NO.	0938-0391

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

	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G167	(X2) MULTIPLE CC A. BUILDING B. WING	DNSTRUCTION	(X3) DATE SURVEY COMPLETED 04/28/2022		
	PROVIDER OR SUPPLIE	R ALTERNATIVES SE IN	749 SO	ADDRESS, CITY, STATE, ZIP CODE OUTH BEARS BEND ROAD OH LICK, IN 47432			
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI			
TAG E 0000	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE		
Bldg	conducted by the In in accordance with Survey Date: 04/2 Facility Number: 0 Provider Number: 100 At this Emergency Care Community A compliance with E Requirements for M Participating Provi 483.475.	8/22 000701 15G167 0248800 Preparedness survey, Res Alternatives SE IN was found in mergency Preparedness Medicare and Medicaid ders and Suppliers, 42 CFR	E 0000				
K 0000							
Bldg. 01			K 0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES	
CENTERS FOR MEDICARE & MEDICAID SERVICES	

NAMEOE	PROVIDER OR SUPPLIER	<u> </u>	STREET A	DDRESS, CITY, STATE, ZIP CODE		
	RE COMMUNITY ALTERNATIVES SE IN			JTH BEARS BEND ROAD H LICK, IN 47432		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	•	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	F	REFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO	D BE	COMPLETIO
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		DATE
	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 not sprinklered. The					
	facility has a fire alarm system with hard wired					
	smoke detectors in the corridors and common					
	living areas. The facility has a capacity of seven					
	and had a census of seven 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 1.24.					
	Quality Review completed on 05/04/22					
S363	NFPA 101					
	Corridor - Doors					
Bldg. 01	Corridor - Doors					
	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.					
	Door assemblies with leaves required to					
	swing in the direction of egress travel are					

PRINTED: 06/03/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 01 15G167 B. WING 04/28/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 749 SOUTH BEARS BEND ROAD **RES CARE COMMUNITY ALTERNATIVES SE IN** FRENCH LICK. IN 47432 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) DATE inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 To correct the deficient practice Based on observation and interview, the facility K S363 05/28/2022 failed to ensure 1 of 4 client sleeping room the door mechanism has been fixed to allow the door to latch. All doors would latch into the door frame. This deficient practice could affect all clients. site staff have been trained to ensure all needed doors always Findings include: latch appropriately. Additional monitoring will be achieved by the Based on observations on 04/28/22 between home manager completing 10:15 a.m. and 12:00 p.m. during a tour of the monthly inspections of all LSC facility with the Residential Manager, client features to ensure they are bedroom door #1 (first bedroom on right) would working properly. not latch into its door frame when tested several times. The plunger portion of the latching mechanism was stuck and did not protrude out to latch into the door frame. Based on interview at the time of observation, the Residential Manager agreed bedroom door #1 did not latch when tested several times and said they have a work order to maintenance to fix the door. This finding was reviewed with the Residential Manager during the exit conference. K S511 **NFPA 101** Utilities - Gas and Electric

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Utilities - Gas and Electric

32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2

Code.

Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric

Based on observation and interview, the facility

(GFCI) protection against electric shock. NFPA

failed to ensure 1 of 3 wet locations were

provided with ground fault circuit interrupter

70, NEC 2011 Edition at 210.8 Ground-Fault

Circuit-Interrupter Protection for Personnel,

Bldg. 01

Event ID: W4

W4GO21 Facility II

K S511

Facility ID: 000701

If continuation sheet Pag

To correct the deficient practice

bathroom has been replaced. To

ensure no others are affected, all

GFCI's in the home have been

tested to ensure they function

the GFCI in the westside

Page 3 of 6

05/28/2022

	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u>			. ,	(X3) DATE SURVEY COMPLETED		
15G167			B. WING				28/2022		
NAME OF	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COI				
RES CA	RE COMMUNITY A	ALTERNATIVES SE IN			DUTH BEARS BEND ROA CH LICK, IN 47432	ιD			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)		
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APP	ULD BE	COMPLETI		
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE		
	-	t circuit-interruption for			appropriately. Ongoing				
	personnel shall be			monitoring will be achiev					
	210.8(A) through	(C). The ground-fault			through monthly inspecti				
	circuit-interrupter	shall be installed in a readily			GFCI's in the home to be	e			
	accessible location			completed by maintenan	ice				
		e: See 215.9 for ground-fault			personnel.				
	circuit interrupter	protection for personnel on							
	feeders.								
	(B) Other Than Dy	welling Units. All 125-volt,							
	single-phase, 15- a	and 20-ampere receptacles							
	installed in the loc	ations specified in 210.8(B)							
	(1) through (8) sha	ll have ground-fault							
	circuit-interrupter	protection for personnel.							
	(1) Bathrooms								
	(2) Kitchens								
	(3) Rooftops								
	(4) Outdoors								
	-	(3) and (4) : Receptacles that							
	are not readily acc	essible and are supplied by a							
	branch circuit ded								
		cing, or pipeline and vessel							
		shall be permitted to be							
		ance with 426.28 or 427.22,							
	as applicable.								
	Exception No. 2 to								
		y, where the conditions of							
		upervision ensure that only							
		l are involved, an assured							
		ing conductor program as							
	-	B)(2) shall be permitted for							
		cle outlets used to supply							
		uld create a greater hazard if							
		ed or having a design that is not							
	compatible with G	-							
		receptacles are installed within							
		outside edge of the sink.							
	_	(5): In industrial laboratories,							
	-	supply equipment where							
	_	would introduce a greater							
	hazard shall be per	mitted to be installed without							

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AND PLAN OF C NAME OF PROV RES CARE ((X4) ID PREFIX TAG G EX in cr th 21 re (6 (7 fa (8 w di N re of in	WIDER OR SUPPLIER COMMUNITY AI SUMMARY S' (EACH DEFICIEN REGULATORY OR GFCI protection. Exception No. 2 to (n patient bed locati ritical care areas of han those covered to than those covered to han those cove	LTERNATIVES SE IN TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) (5): For receptacles located ons of general care or f health care facilities other under protection shall not be ions	î î	JILDING ING STREET A 749 SO	ADDRESS, CITY, STATE, ZIP CODE UTH BEARS BEND ROAD H LICK, IN 47432 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X3) DATE COMPI 04/28	LETED
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re (6 (7 fa (8 w di N re of	equired. 6) Indoor wet locat 7) Locker rooms w acilities	ions					
(6 (7 fa (8 w di N re of	6) Indoor wet locat 7) Locker rooms w acilities						
(7 fa (8 w di N re of in	7) Locker rooms w acilities						
fa (8 w di N re of in	acilities						
(8 w di N re of in		(7) Locker rooms with associated showering					
w di N re of in	8) Garages, service	1 1					
di N re of in	1 1 4 1	bays, and similar areas					
N re of in	where electrical	nt clostriant hand tools					
re of in		nt, electrical hand tools.					
of in	NFPA 70, 517-20 Wet Locations, requires all						
in	receptacles and fixed equipment within the area of the wet location to have ground-fault circuit						
		protection. Note: Moisture					
C2		act resistance of the body,					
		tion is more subject to					
		ent practice could affect one					
	lient in the home.						
Fi	findings include:						
B	Based on observation	on on 04/28/22 at 11:30 a.m.					
dı	luring a tour of the	facility with the Residential					
М	Aanager, there was	one electric receptacle in the					
w	vest side bathroom	(#2) that was within two feet					
of	of the sink. The rec	eptacle was provided with					
G	GFCI protection, he	owever, when tested with a					
G	GFCI tester it did no	ot break the electrical circuit,					
		itton on the GFCI receptacle					
		cal circuit when tested.					
		at the time of observation,					
		ager agreed the electric					
		st side bathroom was not					
-		perly working GFCI					
re	eceptacle.						
T	This finding was rev	viewed with the Residential					

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	F OF HEALTH AND HU R MEDICARE & MEDIC					FO	TED: (RM APPR IB NO. 093		
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G167				(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING			(X3) DATE SURVEY COMPLETED 04/28/2022		
	NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			STREET ADDRESS, CITY, STATE, ZIP CODE 749 SOUTH BEARS BEND ROAD FRENCH LICK, IN 47432					
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	Manager during the	e exit conference.							

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W4GO21 Facility ID: 000701

If continuation sheet Page 6 of 6