

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G175	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2018
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130		
(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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the PSR conducted on 02/14/18 and the Emergency Preparedness Survey conducted on 12/21/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/28/18</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>At this PSR survey, Res Care Community Alternatives Se In was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 7 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 04/04/18</p>	E 0000		
K 0000 Bldg. 02	<p>A Post Survey Revisit (PSR) to the PSR conducted on 02/14/18 and the Life Safety Code Recertification Survey conducted on 12/21/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/28/18</p> <p>Facility Number: 000709 Provider Number: 15G175</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 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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K S345 Bldg. 02	<p>AIM Number: 100243190</p> <p>At this PSR 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 basement was fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors and common living areas. The facility has a capacity of 7 and had a census of 7 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 Slow with an E-score of 1.85.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 04/04/18</p> <p>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</p>			

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	<p>1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm system was inspected annually to protect 7 of 7 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 boxes. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review on 03/28/18 at 1:10 a.m. with the Resident Manager, there was no record available for review to indicate an annual fire alarm system inspection. Based on a telephone interview with the Quality Assurance Manager at 03/28/18, 12:45 p.m., Koorsen Fire Protection had been contracted to complete fire alarm inspections for the facility and would email documentation of completed inspections. An email received at 03/28/18, 8:19 p.m., indicated the Koorsen fire alarm inspection was not available but would be complete and/or available by the end of the day, Friday, March 30th. As of Tuesday, April 3, 2018, 9:30 a.m., no fire alarm inspection reports have been received.</p> <p>This deficiency was cited on 12/21/17 and 02/14/18. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>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</p>	K S345	<p>The annual fire alarm testing was completed on March 29, 2018. The report is attached to this POC. The sensitivity testing was completed on February 9, 2017 and the report for that testing is also attached. The program director will ensure required testing of systems is completed by Koorsen Fire and Security and that the reports are readily available.</p>	04/27/2018

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	<p>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.</p> <p>Findings include:</p> <p>Based on record review on 03/28/18 at 1:10 p.m. with the Resident Manager, there was no record available for review to indicate a semiannual smoke detector sensitivity test. Based on a telephone interview with the Quality Assurance Manager at 03/28/18, 12:45 p.m., Koorsen Fire Protection had been contracted to complete fire alarm inspections for the facility and would email documentation of completed inspections. An email received at 03/28/18, 8:19 p.m., indicated the Koorsen fire alarm inspection was not available but would be complete and/or available by the end of the day, Friday, March 30th. As of Tuesday, April 3, 2018, 9:30 a.m., no fire alarm inspection reports have been received.</p> <p>This deficiency was cited on 12/21/17 and 02/14/18. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>			