PRINTED: 01/13/2022 FORM APPROVED OMB NO. 0938-0391

i i		l í	(X2) MULTIPLE CONSTRUCTION (X3) DATE					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED	
		15G745	B. W	ing		01/03/	2022	
NAME OF D	ROVIDER OR SUPPLIER		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE			
NAME OF P	KO VIDEK OK SUPPLIEK			16611 S	SIMA GRAY RD			
	RE SOUTHEAST IN			HENRY	VILLE, IN 47126			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE	
E 0000								
Bldg								
Diag	Δn Emergency Pren	paredness Survey was	E 0	200			ı	
		diana Department of Health]				
	in accordance with	-						
	III wood waaroo waar	.2 6110 10011761						
	Survey Date: 01/03	/22						
	Facility Number: 0	11663						
	Provider Number: 1							
	AIM Number: 2009							
	At this Emergency Preparedness survey, Res							
		ana was found in compliance						
	with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.							
	and Suppliers, 42 Ci	1 K 403.473.						
	The facility has 4 ce	ertified beds. At the time of						
	the survey, the censu							
	• •							
	Quality Review com	npleted on 01/06/22						
K 0000								
DI O								
Bldg. 01	AT:C-C-C C 1	Daniel Carling Co.	^	000				
		Recertification Survey was diana Department of Health	K 0	UUU				
	in accordance with							
	in accordance with	12 OI K 103.170(j).						
	Survey Date: 01/03	/22						
	Facility Number: 0	11663						
	Provider Number: 1							
	AIM Number: 2009							
	- 11 1 validet. 200)							
	At this Life Safety C	Code survey, Res Care						
	-	vas found not in compliance						
		for Participation in Medicaid,						
	-	-						
LABORATOR	Y DIRECTOR'S OR PROV	/IDER/SUPPLIER REPRESENTATIVE'S SI	GNATURI	3	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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l í				ĺ	X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			JILDING	01	COMPL		
15G745		B. W	ING		01/03/	/2022	
NAME OF P	PROVIDER OR SUPPLIER		•		ADDRESS, CITY, STATE, ZIP CODE	•	
RES CAF	RE SOUTHEAST IN	DIANA			VILLE, IN 47126		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDENCE N. AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TC	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	42 CFR Subpart 483	3.470(j), Life Safety from					
	Fire and the 2012 ed	lition of the National Fire					
		on (NFPA) 101, Life Safety					
		er 33, Existing Residential					
	Board and Care Occ	supancies.					
	This one story facili	ty was determined to be fully					
		cility has a fire alarm system					
	-	n in the corridors, common					
		client sleeping rooms. The					
		ty of 4 and had a census of 4					
	at the time of this su						
		vacuation Difficulty Score					
	, ,	PA 101A, Alternative					
		Safety, Chapter 6, rated the					
	facility Prompt with	an E-score of 0.18.					
	Quality Review con	npleted on 01/06/22					
K S321	NFPA 101						
	Hazardous Areas	- Enclosure					
Bldg. 01	Hazardous Areas						
	2012 EXISTING (F						
	•	ea that is on the same floor					
		ut, a primary means of					
		ng room shall be protected					
	by one of the follow	wing means. all be an enclosure with a					
		ng of not less than 1 hour,					
		or automatic closing fire					
	•	e with 7.2.1.8 that has a					
		ng of not less than 3/4					
	hour.	-					
	2. Protection sha	all be automatic sprinkler					
		rdance with 33.2.3.5, and					
	a smoke partition,	in accordance with 8.4					
	located between th	ne hazardous area and the					
	sleeping area or p	rimary escape route. Any					
	doors in such sepa	aration shall be self-closing					
J	i			1			1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G745		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 01/03/2022			
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	7.2.1.8. Other hazardous accordance with 3 following: 1. An enclosure rating of not less the self-closing or author accordance with 7 not less than a 13 solid-bonded woo 2. Automatic sphaccordance with 3 enclosure. Areas with approximatinated furnational and cooking and I classified as hazard of such equipments of such equipments of such equipments and accordance with 3 33.2.2.2.4, 33.2.3 Based on observational failed to ensure 1 organge with combut with a self-closing 33.2.3.2.1 states has space where there if the conditions except two-family dwellin potential for a fully protected in accord 33.2.3.2.5. Section requiring protection 33.2.3.2.1 shall include the section of the section in the section i	e sprinklers shall be in hazardous areas in 33.2.3.22, 33.2.3.2.5 on and interview, the facility of 1 hazardous area, such as a stible storage, was provided device on the door. Section zardous areas include any storage or activity having seding those of a one- or g and that possesses the involved fire shall be ance with 33.2.3.2.4 and 33.2.3.2.2 states spaces in accordance with lude, but shall not be limited and storage, food or household	K S321	To correct the deficient practicall nonessential combustible it will be removed from the garage. Additionally, a self-cling device will be placed on the door as required by LSC. All staff will be trained to ensure a storage areas are free of an abundance of combustibles. Additional monitoring will be achieved through weekly so visits by the assigned area supervisor and program manager to ensure the storagareas are free of combustibles and appropriate door closures in place. Ongoing monitoring	ems osin ite he ite a are		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G745		(X2) MULTIPLE CO A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 01/03/2022	
	ROVIDER OR SUPPLIER		16611	ADDRESS, CITY, STATE, ZIP CODE SIMA GRAY RD /VILLE, IN 47126	
(X4) ID PREFIX	SUMMARY ST (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION) uld affect all clients and	TAG	be achieved by monthly site reviews completed by ResCar administrative staff.	DATE e
	during a tour of the Support Lead, the desouth short hall was closing device. The combustible items, in plastic totes, clothin loose items. Based observation, the Diracknowledged the late on the door to the head	ncluding cardboard boxes, g, old furniture, and other on interview at the time of			
K S351	Support Lead during NFPA 101	g the exit conference.			
Bldg. 01	Sprinkler System - Sprinkler System - Sprinkler System - Where an automatinstalled, for either building coverage, accordance with Shall initiate the fir accordance with Smodified below. The supply shall be do In Prompt Evacual sprinkler system in with NFPA 13D, Sof Sprinkler System and two Family Dw. Homes, shall be pautomatic sprinkler closets not exceed.	Installation tic sprinkler system is total or partial the system shall be in ection 9.7 and e alarm system in ection 9.6, as ne adequacy of the water cumented. tion facilities, an automatic accordance tandard for the Installation ms in One vellings and Manufactured ermitted. rs shall not be required in			

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE S COMPLE 01/03/2	TED		
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			16611	STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE		
	materials providing thermal barrier. In Prompt Evacua where an automat system is in accor Standard for the In Sprinkler Systems not be required in exceeding 24 squanot exceeding 25 provided that such lath and plaster or providing a 15-mir In Prompt Evacua buildings four or fe above grade plane with NFPA 13R, SInstallation of Spri Residential Occup including Four Stopermitted. Initiation of the fire required for existir installations in according to 9 feeding purposes, stopermitted by July storage, or fuel-fire protected	d with lath and plaster or g a 15-minute tion Capability facilities ic sprinkler dance with NFPA 13, a stallation of a quitomatic sprinklers shall closets not are feet and in bathrooms square feet, a spaces are finished with a material aute thermal barrier. Ition Capability facilities in ewer stories as, systems in accordance attandard for the ankler Systems in ancies up to and aries in Height, shall be a alarm system shall not be a group or good and aries in the sprinkler is installed, and purposes, and equipment are sprinkler is, 2019. Attics not used for orage, or fuel-fired and of the following: attandatic sprinkler system to arm system Itomatic sprinkler system Itomatic sprinkler system Itomatic sprinkler system						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G745		` ′	JILDING	onstruction 01	(X3) DATE COMPL 01/03/	ETED	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 16611 SIMA GRAY RD HENRYVILLE, IN 47126				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
TAG	according to NFP/33.2.3.5.3, 33.2.3. 33.2.3.5.3.4, 33.2.1. Based on observer facility failed to ensure attics was not used states where an autoinstalled, attics used or fuel-fired equipment automatic sprinklers approved automatic accordance with 9.7 where an automatic attics not used for lifuel-fired equipment following criteria: (1) Attics shall be predetection system and building fire alarm and Section 9.6. (2) Attics shall be prepared by sprinklers that are prepared automatic sprinklers sprinklers of the sprinklers of the sprinklers where the sprinklers of the sprinklers where the sprinklers of the sprinklers where the sprinklers where the sprinklers of the sprinklers where the sprinklers of the sprinklers where the sprinklers wh	A 703. 5.3.1, 33.2.3.5.3.3, 3.5.3.6, 33.2.3.5.7 ation and interview, the ture 1 of 1 non-sprinkled for storage. LSC 33.2.3.5.7.1 bmatic sprinkler system is a for living purposes, storage, nent shall be protected with a sthat are part of the required, sprinkler system in 2.1.1. LSC 33.2.3.5.7.2 states sprinkler system is installed, ving purposes, storage, or t shall meet one of the rotected throughout by a heat ranged to activate the system in accordance with rotected with automatic art of the required, approved system in accordance with	KS		To correct the deficient practic the storage items in the attic was removed and all staff will be trained not to utilize the attic a storage space. Additionally, a sign will be placed on the attic entrance indicating it is not to used for storage. Heat detect was installed in the attic July contacted to add the heat detection to be inspected during annual inspections. Ongoing monitoring will be achieved through a monthl LSC inspection form to ensure LSC features are installed and inspected timely.	vill e s be ion of ill be	02/03/2022
	Support Lead, the a being used for stora	ttic area above the garage was ge for cardboard boxes, aper, and plastic storage. The					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G745		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV A. BUILDING 01 COMPLETEI B. WING 01/03/202			ETED	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			16611	ADDRESS, CITY, STATE, ZIP CODE SIMA GRAY RD /VILLE, IN 47126		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	E	(X5) COMPLETION DATE
	Based on interview the Direct Support I used for storage and	at the time of observation, Lead confirmed the attic was I was not sprinklered.				
	Support Lead during 2. Based on record interview; the facility detection devices in 33.2.3.5.7.1 All facing system is installed, purposes, storage, on have sprinkler covernot used for these profollowing: Protected by heat detected by heat detected by automatic according to 9.6 Constructed of noncollimited-combustible Constructed of fire-according to NFPA	review, observation, and ty failed to install heat 1 of 1 attic space. LSC litties where a sprinkler attics used for living r fuel-fired equipment shall rage. LSC 33.2.3.5.7.2 Attics urposes shall meet one of the etection system to activate according to 9.6 attic sprinkler system combustible or econstruction retardant-treated wood				
	Based on record rev 9:45 a.m. and 11:45 Lead present, there provided in the fire reports to indicate the heat detection syste Based on observation of the attic space withere was not a heat Based on interview	a.m. with the Direct Support was no documentation alarm system inspection ne attic was protected with a m for this sprinklered home. On at 11:25 a.m. during a tour th the Direct Support Lead, detection system in the attic. at the time of observation, Lead agreed the attic space				

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 01/03/2022
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA		16611 \$	ADDRESS, CITY, STATE, ZIP CODE SIMA GRAY RD /VILLE, IN 47126		
	1				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE
IAG		· · · · · · · · · · · · · · · · · · ·	TAG	<u> </u>	DATE
	This finding was re	viewed with the Direct g the exit conference.			
K S712	NFPA 101 Fire Drills				
Bldg. 01	Fire Drills 1. The facility mus least quarterly for and under varied of a. Ensure that a trained to perform b. Ensure that a familiar with the use emergency and diprocedures. 2. The facility muse a. Actually evacuone drill each year b. Make special evacuation of clier disabilities; c. File a report a drill; d. Investigate all	Il personnel on all shifts are assigned tasks; Il personnel on all shifts are se of the facility's isaster plans and st: uate clients during at least r on each shift; provisions for the			
	evacuated to a sar under the Health (of the Life Safety (3. Facilities must r paragraphs (i) (1) any live-in and reli 42 CFR 483.470(i	meet the requirements of and (2) of this section for ief staff that they utilize.	K S712	To correct the deficient practic	ee a 02/03/2022
	facility failed to ens			2022 Fire drill calendar has be created to include one drill per shift per quarter. All staff	een

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A BUILDING 01 COMPLETED 01/03/2022 NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 16611 SIMA GRAY RD HENRYVILLE, IN 47126 (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) deficient practice could affect all clients. Findings include: Findings include: Based on review of the facility's fire drill reports on 01/03/21 between 9-45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (Qotober, November, and December) of 2021. c. Third shift (night) of the first quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH) DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC DENTIFYING INFORMATION) TAG REGULATORY OR LSC DENTIFYING INFORMATION) DATE Description of the facility's fire drill reports on 01/03/21 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (Cotober, November, and December) of 2021. c. Third shift (night) of the first quarter (Junuary, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 01		COMPLETED		
RES CARE SOUTHEAST INDIANA (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) deficient practice could affect all clients. Based on review of the facility's fire drill reports on 01/03/21 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March), and fourth quarter (Qctober, November, and December) of 2021. c. Third shift (night) of the first quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead on freed in the calendar. All supervisory staff responsible for maintaining drills have been trained to ensure each group home is completing drills per LSC. Ongoing monitoring will be achieved through a monthly LSC inspection form to ensure all LSC requirements are completed accurately and timely.	15G745		B. WING 01/03/2022				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) deficient practice could affect all clients. Findings include: Findings include: Findings include: Findings include: Based on review of the facility's fire drill reports on 01/03/21 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March), second quarter (April., May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts	NAME OF PROVIDER OR SUPPLIER				<u> </u>		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (deficient practice could affect all clients. (EACH DEFICIENCY) (deficient practice could affect all clients. (deficient practice could affect all clients. (EACH DEFICIENCY) (DATE (COMPLETION DATE (COMPLETION DATE	RES CAR	RE SOUTHEAST IN	IDIANA	HEN	RYVILLE, IN 47126		
REFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGULATORY OR LARGE IN TAG REGULATO	(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	DROVIDED'S DI AN OF CORRECTION		(X5)
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have been trained on the calendar. All supervisory staff responsible for maintaining drills have been re-trained to ensure each group home is completing drills per LSC. Ongoing monitoring with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April., May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on review of the facility's fire drill reports and 11:45 a.m. have been trained on the calendar. All supervisory staff responsible for maintaining drills have been re-trained to ensure each group home is completing drills per LSC. Ongoing monitoring will be achieved through a monthly LSC inspection form to ensure all LSC requirements are completed accurately and timely.	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	D	ATE
Findings include: Based on review of the facility's fire drill reports on 01/03/21 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		deficient practice co	ould affect all clients.		responsible for maintaining dr	ills	
responsible for maintaining drills have been re-trained to ensure each group home is completing drills per LSC. Ongoing monitoring with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts					have been trained on the		
Based on review of the facility's fire drill reports on 01/03/21 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		Findings include:			calendar. All supervisory sta	ff	
on 01/03/21 between 9:45 a.m. and 11:45 a.m. with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April., May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts					responsible for maintaining dr	ills	
with the Direct Support Lead present, there were only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		Based on review of	the facility's fire drill reports		have been re-trained to ensur	e	
only 10 fire drill reports available during the past 12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts monitoring will be achieved through a monthly LSC inspection form to ensure all LSC requirements are completed accurately and timely.		on 01/03/21 betwee	n 9:45 a.m. and 11:45 a.m.		each group home is completing	ıg	
12 month period, with no fire drill reports available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		with the Direct Sup	port Lead present, there were		drills per LSC. Ongoing		
available for the following shifts and quarters: a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		only 10 fire drill rep	ports available during the past		· _ ·		
a. First shift (day) of the first quarter (January, February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		12 month period, w	ith no fire drill reports				
February, and March) 2021 b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		available for the fol	lowing shifts and quarters:		form to ensure all		
b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April., May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		a. First shift (day) o	of the first quarter (January,		LSC requirements are		
b. Second shift (evening) of the first quarter (January, February, and March), second quarter (April., May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		February, and Marc	h) 2021		completed accurately and tim	ely.	
(April,, May, and June), and fourth quarter (October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		b. Second shift (eve	ening) of the first quarter				
(October, November, and December) of 2021. c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		(January, February,	and March), second quarter				
c. Third shift (night) of the first quarter (January, February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		(April,, May, and Ju	ine), and fourth quarter				
February, and March), and third quarter (July, August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		(October, Novembe	er, and December) of 2021.				
August, and September) of 2021. Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		c. Third shift (night	t) of the first quarter (January,				
Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		February, and Marc	h), and third quarter (July,				
Based on interview at the time of record review, the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts		•	* * *				
the Direct Support Lead confirmed the lack of fire drills during the previously mentioned shifts							
fire drills during the previously mentioned shifts							
		**					
and quarters of 2021.							
This finding was reviewed with the Direct		This finding was re	viewed with the Direct				
Support Lead during the exit conference.		-					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

X8HX21

Facility ID: 011663

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