

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2022
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 01/03/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/07/22</p> <p>Facility Number: 011663 Provider Number: 15G745 AIM Number: 200902020</p> <p>At this PSR survey, Res Care Southeast Indiana 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 was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas, and all client sleeping rooms. It was determined the attic was not provided with a heat detection system. The facility has a capacity of 4 and had a census of 4 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 0.18.</p> <p>Quality Review completed on 03/10/22</p>	K 0000		
K S351	NFPA 101 Sprinkler System - Installation			

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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Bldg. 01	<p>Sprinkler System - Installation</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with Section 9.6, as modified below. The adequacy of the water supply shall be documented.</p> <p>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, shall be permitted.</p> <p>Automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers shall not be required in closets not exceeding 24 square feet and in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or material providing a 15-minute thermal barrier.</p> <p>In Prompt Evacuation Capability facilities in buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, shall be</p>			
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	<p>permitted. Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6. Where an automatic sprinkler is installed, attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6. 2. Protected by automatic sprinkler system according to 9.7. 3. Constructed of noncombustible or limited-combustible construction; or 4. Constructed of fire-retardant-treated wood according to NFPA 703. <p>33.2.3.5.3, 33.2.3.5.3.1, 33.2.3.5.3.3, 33.2.3.5.3.4, 33.2.3.5.3.6, 33.2.3.5.7 Based on record review, observation, and interview; the facility failed to install heat detection devices in 1 of 1 attic space. LSC 33.2.3.5.7.1 All facilities where a sprinkler system is installed, attics used for living purposes, storage, or fuel-fired equipment shall have sprinkler coverage. LSC 33.2.3.5.7.2 Attics not used for these purposes shall meet one of the following:</p> <p>Protected by heat detection system to activate the fire alarm system according to 9.6 Protected by automatic sprinkler system according to 9.6 Constructed of noncombustible or limited-combustible construction Constructed of fire-retardant-treated wood according to NFPA 703 This deficient practice could affect all clients.</p>	K S351	To correct the deficient practice ResCare staff has confirmed there is heat detection in the attic of the facility. The service provider inspected the heat detectors on 3-18-22. ResCare staff will obtain an inspection report as soon as it is available. All supervisors have been re-trained on ensuring the service provider inspects all LSC devices timely. Ongoing monitoring will be achieved through a monthly LSC inspection checklist completed by the Area Supervisor.	04/07/2022

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>Findings include:</p> <p>Based on record review on 03/07/22 between 1:00 p.m. and 1:30 p.m. with the Area Supervisor present, there was no documentation provided in the fire alarm system inspection reports to indicate the attic was protected with a heat detection system for this sprinklered home. Based on observation at 1:20 p.m. during a tour of the attic space with the Area Supervisor, there was not a heat detection system in the attic. Based on interview at the time of observation, the Area Supervisor agreed the attic space was not provided with a heat detection system and said the fire alarm system vendor is supposed to be at the facility to install heat detection in the attic sometime soon.</p> <p>This finding was reviewed with the Area Supervisor during the exit conference.</p> <p>This deficiency was cited on 01/03/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			