STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G247	A. BUILDING -- B. WING	12/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	2401 CORNWELL DR 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. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 06/14/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 12/15/2021 Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810 At this PSR to the Emergency Preparedness 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 The facility has 8 certified beds. At the time of the survey, the census was 7. Quality Review completed on 12/16/21	E 0000		
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 06/14/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 12/15/21 Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	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. This one story building was not protected by automatic sprinklers. The facility has a fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 8 and had a census of 7 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 0.7. Quality Review completed on 12/16/21			
K S253 Bldg. 01	NFPA 101 Number of Exits - Patient Sleeping and Non-Sl Number of Exits - Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Prompt) Every sleeping room and living area shall have access to a primary means of escape located to provide a safe path of travel to the outside. Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape shall be an interior stair in accordance with 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair. In addition to the primary route, each sleeping room shall have a second means of			

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	escape that consists of one of the following: 1. It shall be a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape. 2. It shall be a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape. 3. It shall be an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 square feet. The width shall be not less than 20 inches. The height shall be not less than 24 inches. The bottom of the opening shall be not more than 44 inches above the floor. Such means of escape shall be acceptable where one of the following criteria are met: a. The window shall be within 20 feet of finished ground level. b. The window shall be directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction. c. The window or door shall open onto an exterior balcony. 4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria: a. The window well allows the window to be fully openable. b. The window is not less than 9 square feet with a length and width of not less than 36 inches. c. Window well deeper than 43 inches has an approved, permanently affixed ladder			

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	or steps complying with the following: 1. The ladder or steps do not extend more than 6 inches into the well. 2. The ladder or steps are not obstructed by the window. 5. If the sleeping room has a door leading directly to the outside of the building with access to finished ground level or to a stairway that meets the requirements of exterior stairs in 33.2.2.2.2, that means of escape shall be considered as meeting all the escape requirements for the sleeping room. a. A second means of escape from each sleeping room shall not be required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5. b. Existing approved means of escape shall be permitted to continue to be used. 33.2.2.2.1, 33.2.2.2, 33.2.2.3.1 through 33.2.2.3.4			
	Based on observation and interview, the facility failed to ensure 5 of 5 clients sleeping rooms were provided with a secondary means of escape in accordance with 33.2.2.3. LSC 33.2.2.3 requires a secondary egress from each sleeping room with multiple provisions. This deficient practice could affect at all clients. Findings include: Based on observations on 12/15/21 between 12:00 p.m. and 12:30 p.m. with Lead #1, the following conditions were noted: Bedroom #1 does not have a second means of escape. The room has a single door to the interior hallway which serves as the primary means of escape. The only other opening from the room is an exterior window that does not	K S253	To correct the deficient practice ResCare will ensure the windows are replaced to meet egress. The maintenance provider will be contacted to ensure the request is completed by 1-15-21. To prevent further systemic occurrences a maintenance log will be created to document all work orders submitted to the Maintenance agency and fire protection service providers. The area supervisor and program manager will review the log weekly to ensure all work orders are followed up on. Ongoing supervision will be achieved through a monthly Life Safety	01/15/2022

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	meet the height and area requirements to be considered a second means of escape. The window measurements are 33-1/4" W x 19-1/4" H for an area of 4.44 SF. The window does not stay in the fully open position. Bedroom #2 does not have a second means of escape. The room has a single door to the interior hallway which serves as the primary means of escape. The only other opening from the room is an exterior window that does not meet the height and area requirements to be considered a second means of escape. The window measurements are 31" W x 21" H for an area of 4.52 SF. Bedroom #3 does not have a second means of escape. The room has a single door to the interior hallway which serves as the primary means of escape. The only other opening from the room is an exterior window that does not meet the height and area requirements to be considered a second means of escape. The window measurements are 31" W x 21" H for an area of 4.52 SF. A dresser has been placed partially in front of the window. Bedroom #4 does not have a second means of escape. The room has a single door to the interior hallway which serves as the primary means of escape. The only other opening from the room is an exterior window that does not meet the height and area requirements to be considered a second means of escape. The window measurements are 31" W x 17-1/4" H for an area of 3.71 SF. The window does not stay in the fully open position. Bedroom #5 does not have a second means of escape. The room has a single door to the interior hallway which serves as the primary means of escape. The only other opening from the room is an exterior window that does not meet the height and area requirements to be		code inspection completed by the area supervisor.	

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	considered a second means of escape. The window measurements are 31" W x 17-1/2" H for an area of 3.77 SF. Based on interview at the time of observations, Lead #1 said the windows have not been replaced since the annual survey. This finding was reviewed with Lead #1 during the exit conference. This deficiency was cited on 06/14/21. The facility failed to implement a systemic plan of correction to prevent recurrence.			
K S321 Bldg. 01	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:			

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	1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4 inch (4.4 cm) thick, solid-bonded wood core construction. 2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure. Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment. Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2. 33.2.2.2.4, 33.2.3.2, 33.2.3.2.5 Based on observation and interview, the facility failed to maintain protection of 1 of 1 basement storage areas in accordance of 33.2.3.2.5. This deficient practice could affect all occupants. Findings include: Based on observation on 12/15/21 between 12:00 p.m. and 12:30 p.m. during a tour of the facility with Lead #1, the basement storage room was classified a hazardous area for having fuel conditions exceeding that of a one- and two-family dwelling. The storage area is not separated from the occupied floor above, the adjacent crawlspace, or means of escape. Based on interview at the time of observation, Lead #1 acknowledged the significant fuel conditions and lack of enclosure. This finding was reviewed with Lead #1 during the exit conference.	K S321	To correct the deficient practice ResCare will ensure the combustible items have been removed. The maintenance provider will be contacted to ensure the request is completed by 1-15-21. Additionally, the Area supervisor will inspect the basement weekly to ensure no further combustibles are being stored in the basement. to prevent further systemic occurrences a maintenance log will be created to document all work orders submitted to the Maintenance agency and fire protection service providers. The area supervisor and program manager will review the log weekly to ensure all work orders are followed up on. Ongoing supervision will be achieved	01/15/2022

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	This deficiency was cited on 06/14/21. The facility failed to implement a systemic plan of correction to prevent recurrence.		through a monthly Life Safety code inspection completed by the area supervisor.	