

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

PRINTED: 04/24/2024

FORM APPROVED

OMB NO. 0938-039

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 04/04/2024
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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E 0000  Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 02/15/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/04/2024</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>At this Post Survey Revisit, Res Care Community Alternatives SE Inc 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 completed on 04/05/24</p>	E 0000		
K 0000  Bldg. 02	<p>A Post Survey Revisit (PSR) to the survey which exited on 02/15/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/04/2024</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>At this Life Safety Code survey, Res Care</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	04/20/2024

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 S321 Bldg. 02	<p>Community Alternatives SE Inc. 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 two story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in all living areas. The facility has heat detectors installed in the attic. The facility has a capacity of 7 and had a census of 6 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 4.32.</p> <p>Quality Review completed on 04/05/24</p> <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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</li> </ol>			

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	<p>doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8.</p> <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</li> </ol> <p>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.</p> <p>Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2.</p> <p>33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>Based on observation and interview, the facility failed to maintain protection of 1 of 1 main level storage rooms, 1 of 1 pantry, and 1 of 1 garages in accordance with 33.2.3.2.4. This deficient practice could affect staff and all clients.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager on 04/04/2024 between 3:00 PM and 4:10 PM, the main level storage room, pantry, and garage were being used for storage and was not being treated as a hazardous area as it did not have a self-closing door separating the areas from the rest of the facility. The door from the home to the main level storage room was a solid core door.</p>	K S321	<ol style="list-style-type: none"> <li>1 The Associate Executive Director scheduled the installation of a self-closing device on the doors on the main level storage room, pantry, and garage being used for storage, to be complete by C&amp;S Contracting before 1MAY2024</li> <li>2 The Associate Executive Director scheduled the installation of solid core doors for the garage doors and the pantry door. to be complete by C&amp;S Contracting before 1MAY2024</li> <li>3 The Area Supervisor will train staff to dispose of hazardous</li> </ol>	05/01/2024
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K S341  Bldg. 02	<p>The door from the main level storage room and the garage and from the garage to pantry were hollow core doors and none of the areas were sprinklered. The pantry housed food storage and the garage housed adult diapers, renovation items, and other combustible materials. The main level storage room housed a significant amount of paperwork, a desk, and office supplies. The Maintenance Manager stated the self-closing mechanisms should be installed later on 04/04/2024.</p> <p>This deficient practice was cited on 02/15/24. The facility failed to implement proper corrective action.</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation 2012 EXISTING (Prompt) A manual fire alarm system shall be provided in accordance with Section 9.6, unless smoke alarms are interconnected and comply with 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the required smoke alarms. 33.2.3.4.1, 33.2.3.4.1.1, 33.2.3.4.1.2 Based on observation and interview, the facility failed to ensure 1 of 2 fire alarm control panels were protected. LSC 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6. LSC 9.6.1.3 states a fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, Section 10.10.1 states a means for turning off activated alarm notification appliance(s) shall be permitted only if it complies with 10.10.3 through 10.10.7. Section 10.10.3 states</p>	K S341	<p>materials in the garage area. 4 The garage area has been cleaned removing cardboard boxes, old furniture, and clothing.</p> <p><b>Persons Responsible:</b> Program Manager, Maintenance Manager, Area Supervisor, Residential Manager, DSP, AED, C&amp;S Contracting</p> <p>1 The administrator will ensure fire control panels remain properly secured. 2 The maintenance Manager properly secured the control panel and stored the key in the main storage room 3 Random Monthly administrative observation will be conducted to ensure the fire control panel is properly secured.</p> <p>Persons Responsible: Associate</p>	04/04/2024

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K S345  Bldg. 02	<p>the means shall be key-operated or located within a locked cabinet or arranged to provide equivalent protection against unauthorized use. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during record review with the Maintenance Manager on 04/4/2024 between 3:00 PM and 4:10 PM, the secondary fire panel in the dining room had a key in the lock and was unlocked. This condition does not protect the fire alarm system against unauthorized use. Based on interview at the time of observation, the Maintenance Manager agreed the door to the fire control panel was not properly secured because the key was in the lock of the unlocked door. The Maintenance Manager removed the key from the panel and put it in the main level storage room.</p> <p>This deficient practice was cited on 02/15/24. The facility failed to implement proper corrective action.</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 1. Based on observation and interview, the facility failed to maintain the fire alarm system to assure</p>	K S345	<p>Executive Director, Program Manager, ResCare Maintenance. Area Supervisor, DSL, DSP</p> <p>1 The administrator will ensure</p>	05/30/2024

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	<p>that it had accurate time and date information in accordance with the requirements of NFPA 101-2012 edition, Sections 33.3.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation of the fire alarm control panel on 04/04/2024 between 3:00 PM and 4:10 PM with the Maintenance Manager, the time and date on the fire alarm control panel were incorrect. The display on the main fire alarm control panel indicated the date was 03/20/2018 and the time was 1:16 AM. Based on interview at the time of observation, the Maintenance Manager agreed the date and time were incorrect.</p> <p>This deficient practice was cited on 02/15/24. The facility failed to implement proper corrective action.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure all fire alarm system initiating devices were tested in accordance with the schedules for testing frequency in NFPA 72. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6, unless the provisions of 33.2.3.4.1.1 or 33.2.3.4.1.2 are met. LSC Section 9.6.1.3 states a fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electric Code and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition, Section 14.4.5 states testing shall be performed in accordance with the schedules in Table 14.4.5. Table 14.4.5 at 15(e) states the requirements of 14.4.5.5 shall</p>		<p>annual functional testing for initiating devices such as smoke detectors, heat detectors, release devices, and fire alarm boxes is performed by Koorsen Fire and Security on the fire alarm system and that reports of the tests/inspections are available in the facility for review.</p> <p>2 Reports will be verified for accuracy with Koorsen Fire and Security and ResCare Maintenance.</p> <p>3 The Program Manager contacted a representative from Koorsen Fire and Security to will schedule required testing and request copies of inspections and testing mailed to the program manager upon completion to the Program Manager at 4341 Security PKWY Suite 101 New Albany IN 47150.</p> <p>4 The Program Manager will ensure access to the device will be made available and that device will be tested no later than May 1, 2024. Koorsen will notify the Program Manger upon completion of all inspections to ensure any deficiencies are properly tracked and repaired. Koorsen will send documentation of all inspections, services and repair to ResCare main office at 4341 Security Parkway STE. 101 New Albany IN 47150 with in 30 days of completed service. The Program Manager will follow up to ensure work is completed and</p>	

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	<p>apply to heat detectors. Section 14.4.5.5 states restorable fixed-temperature, spot-type heat detectors shall be tested in accordance with 14.4.5.5.1 through 14.4.5.5.4. Two or more detectors shall be tested on each initiating circuit annually. Different detectors shall be tested each year. Records shall be kept by the building owner specifying which detectors have been tested. Within 5 years, each detector shall have been tested. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review on 04/04/2024 between 3:00 PM and 4:10 PM with the Maintenance Manager, no documentation regarding heat detectors was available for review. Based on interview at the time of review, the Maintenance Manager stated he had contacted Koorsen and notified them the discrepancy of the number of heat detectors in the attic and Koorsen told him they would update the number of heat detectors on their paperwork. The Maintenance Manager stated Koorsen has not been to the facility to complete an inspection of any attic heat detectors.</p> <p>This deficient practice was cited on 02/15/24. The facility failed to implement proper corrective action.</p>		<p>documented as required.</p> <p>5 6 7</p>	