

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G811	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED  04/13/2021
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NAME OF PROVIDER OR SUPPLIER  RES-CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135
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(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/13/21</p> <p>Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570</p> <p>At this Emergency Preparedness survey Res-Care 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 20 certified beds. All 20 beds are certified for Medicaid. At the time of the survey, the census was 20.</p> <p>Quality Review completed on 04/14/21</p>	E 0000		
K 0000  Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/13/21</p> <p>Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570</p> <p>At this Life Safety Code survey, Res-Care Inc. was found not in compliance with Requirements</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 that other safeguards 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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K S511  Bldg. 01	<p>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 and with 410 IAC 9, Community Residential Facilities for Persons with Developmental Disabilities.</p> <p>This one story facility with a partial basement was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection on all levels including client sleeping rooms, corridors and common living areas. The attic is protected with automatic sprinkler system. The facility has the capacity for 20 and had a census of 20 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.20.</p> <p>Quality Review completed on 04/14/21</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure a power strip was not used as a substitute for fixed wiring in the basement food storage room according to 33.2.5.1. LSC 33.2.5.1 states utilities shall comply with Section 9.1. LSC 9.1.2 requires electrical wiring</p>	K S511	<p>Fixed wiring in the basement food storage room was installed and the power strip was removed from use.</p> <p>The Program Manager will do a</p>	04/16/2021

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	<p>and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect one client.</p> <p>Findings include:</p> <p>Based on observation on 04/13/21 at 10:47 a.m. during a tour of the facility with the Maintenance Technician, there were two upright freezers plugged into a power strip. Based on interview at the time of observation, the Maintenance Technician said he didn't realize the freezers were plugged into the power strip.</p> <p>This finding was discussed with the Maintenance Technician at the exit conference.</p>		walk through of the facility at least one time per month to ensure that power strips and extension cords are not utilized in the facility.				