

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

PRINTED: 05/15/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G193	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 04/18/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 13711 BENNETTSVILLE RD MEMPHIS, IN 47143
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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 02/21/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/18/2024</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</p> <p>At this Post Survey Revisit, 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</p> <p>The facility has 7 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 04/24/24</p>	E 0000		
K 0000 Bldg. 02	<p>A Post Survey Revisit (PSR) to the survey which exited on 02/21/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/18/2024</p> <p>Facility Number: 000723 Provider Number: 15G193 AIM Number: 100234760</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

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 S338 Bldg. 02	<p>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.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with manual fire alarm boxes, sprinkler system flow switches and alarms hard wired to the fire alarm system. The facility has interconnected smoke detectors powered from the building electrical system installed in corridors and in all common living areas. The facility has heat detectors in the kitchen and attic. The facility has a capacity of 7 and had a census of 7 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 1.6.</p> <p>Quality Review completed on 04/24/24</p> <p>NFPA 101 Interior Wall and Ceiling Finish Interior Wall and Ceiling Finish 2012 EXISTING (Slow) In Slow Evacuation Capability facilities, interior wall and ceiling finish materials in accordance with 10.2. Class A or Class B is permitted. There are no requirements for interior floor finish. 33.2.3.3.2, 33.2.3.3.3 Based on observation and interview, the facility failed to ensure the interior finish in 1 of 1 living room and 2 of 2 bathrooms was rated in accordance with 33.2.3.3.2. LSC 33.2.3.3.2 requires</p>	K S338	The administrator will ensure interior wall and ceiling finish materials comply with	06/14/2024

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	<p>interior wall and ceiling finish materials comply with Section 10.2 meeting a Class A, Class B flame spread rating for this slow facility. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with the Lead Supervisor during a tour of the home on 04/18/2024 between 10:00 AM and 10:40 AM, wood paneling covered the bottom half of the walls in the living room and plastic paneling covered the bottom half of the walls in both bathrooms. Based on interview at the time of observation, the Lead Supervisor acknowledged the aforementioned condition and confirmed there was no documentation available to show the finish on the wood paneling or plastic paneling provided a Class A or B flame spread rating.</p> <p>This finding was reviewed with the Lead Supervisor during the exit conference.</p> <p>This deficient practice was cited on 02/21/24. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p>		<p>Section 10.2 providing a Class A or Class B materials in accordance with 33.2.3.3.2. LSC 33.2.3.3.2</p> <p>The Maintenance Manager will verify compliance of interior wall and ceiling finish materials with manufacture for living room and bathrooms to obtain verification of compliance.</p> <p>If wall and ceiling material compliance cannot be verified and documented existing wall and ceiling material will be removed and replaced with Class A or Class B materials in accordance with 33.2.3.3.2. LSC 33.2.3.3.2. no later than 15MAR2024.</p> <p>Verification of Class A or Class B materials in accordance with 33.2.3.3.2. LSC 33.2.3.3.2 will be verified by the Program Manager.</p> <p>A member of the Administrative team will conduct a monthly site reviews for all clients in facility and the administrator will hold a weekly ICF meeting to discuss issues that arise in the facility.</p> <p>The AED contacted C&S Contracting on May 10, 2024 to schedule the removal and of interior finishes in the living room and 2 of 2 Bathrooms to be replaced with materials in accordance with 33.2.3.3.2. LSC 33.2.3.3.2 complying with Section 10.2 meeting a Class A, Class B flame spread rating. Work will be</p>	

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			<p>completed no later than June 14, 2024. Documentation of material used will be maintained at the facility available for review upon request.</p> <p>Persons Responsible: AED, Maintenance Manager, Program Manager, Area Supervisor, and Residential Manager, DSP, DSL, Quality Assurance.</p>	