| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 15G811 | A. BUILDING **01**<br>B. WING _____ | **10/10/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RES-CARE INC** | **1306 S BLOOMINGTON STREET**<br>**GREENCASTLE, IN 46135** |

| (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 000 | Initial Comments<br><br>An Emergency Preparedness & Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.<br><br>Survey Date: 10/10/23<br><br>Facility Number: 013405<br>Provider Number: 15G811<br>AIM Number: 201267570<br><br>At this Emergency Preparedness & Preoccupancy survey, Res-Care Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475<br><br>The facility has 20 certified beds. All 20 beds are certified for Medicaid. At the time of the survey, the census was 20.<br><br>Quality Review completed on 10/11/23 | E 000 | | |
| K 000 | INITIAL COMMENTS<br><br>A Life Safety Code and Preoccupancy survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).<br><br>This Life Safety Code and Preoccupancy survey was for the temporary addition of one bed in the room identified as Room #18 was conducted. This room measured approximately 16 feet by 15 feet (or 240 square feet in size). The temporary addition of this bed will bring the certified beds in the facility to 21.<br><br>Survey Date: 10/10/23 | K 000 | | |

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 15G811 | A. BUILDING **01**<br>B. WING _____ | **10/10/2023** |

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|---|---|---|---|---|
| K 000 | Continued From page 1<br><br>Facility Number: 013405<br>Provider Number: 15G811<br>AIM Number: 201267570<br><br>At this Life Safety Code and Preoccupancy Survey, Res Care Inc. was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), 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.<br><br>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 facility has the capacity for 21 and had a census of 20 at the time of this survey. The attic space is protected with an automatic sprinkler system.<br><br>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 1.32.<br><br>Quality Review completed on 10/11/23 | K 000 | | |