PRINTED: 06/27/2024 FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC		OMB NO. 0938-039			
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING	<u></u>	COMPLETED		
		15G247	B. WING		06/06/2024	
					<u> </u>	
NAME OF F	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP COD		
			2401 C	ORNWELL DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN	JEFFE	RSONVILLE, IN 47130		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)	
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	1	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
E 0000	REGGERIORI	RESCRIBENTIA TANO BYLORIVIATION	1710		DATE	
L 0000						
Distan						
Bldg	A.D. (G. D.	: : (PGP) : : :1 F				
		isit (PSR) to the Emergency	E 0000			
	_	ey conducted on 12/20/23 was				
		ndiana Department of Health in				
	accordance with 42	2 CFR 483.475.				
	Survey Date: 06/0	6/24				
	Facility Number: (	000769				
	Provider Number:	15G247				
	AIM Number: 100	0248810				
	At this Emergency	Preparedness survey, Res Care				
		atives SE IN was found in				
	-	mergency Preparedness				
	_	Medicare and Medicaid				
	_					
		ders and Suppliers, 42 CFR				
	483.475.					
	-	ertified beds. At the time of the				
	survey, the census	was 8.				
	Quality Review con	nducted on 06/07/24				
K 0000						
Bldg. 01						
	A Post Survey Rev	isit (PSR) to the Life Safety	K 0000			
	Code Recertification	on Survey conducted on				
	12/20/23 was cond	ucted by the Indiana				
		lth in accordance with 42 CFR				
	483.470(j).					
	103.170(j).					
	Survey Date: 06/0	6/24				
	Survey Date. 00/0	Ø/ <b>≥</b> 1				
	Facility Namehow	000760				
	Facility Number: (					
	Provider Number:					
	AIM Number: 100	0248810				
	I		1	l		
LABORATOR	RY DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE	(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Mark Slaughter AED 06/24/2024

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: KMB622 Facility ID: 000769 If continuation sheet Page 1 of 7

AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  RES CARE COMMUNITY ALTERNATIVES SE IN  IN WING  STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL OR 2401 CORNWELL OR 2401 CORNWELL OR 2401 CORNWELL OR 34 SITMARY STATEMENT OF DETECTIVE IF 34 SIMMARY STATEMENT OF DETECTIVE IF 35 SIMMARY STATEMENT OF DETECTIVE IF 36 SIMMARY STATEMENT OF DETECTIVE IN STATEMENT OF DETECTI	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIE  (REACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  At this PSR survey, Res Care Community  Alternatives SE IN was found not in compliance with Requirements for Participation in Medicaid, 42 CTR Subpart 43A 740(), Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.  This one story building with a basement was non sprinklered. The facility has a fire alarm system with smoke detection on all levels, in corridors, and in all living areas. The facility has battery operated smoke detectors installed in all client sleeping rooms. The facility has a tenser of this survey.  Calculation of the Evacuation Difficulty Score (F.Score) using NTPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.3.  Quality Review conducted on 06:07/24  K \$253  NFPA 101  Number of Exits - Patient Sleeping and Non-Sleeping Rooms 2012 EXISTING (Prompt)  Every sleeping rooms or living areas 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	AND PLAN OF CORRECTION			A. BU	JILDING	01			
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Bldg. 01 Non-SI 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		_	Patient Sleening and						
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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	3		Patient Sleeping and						
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									
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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		· · · · · · · · · · · · · · · · · · ·							
Where sleeping rooms or living areas are above or below the level of exit discharge, the primary means of escape shall be an interior		· ·	•						
above or below the level of exit discharge, the primary means of escape shall be an interior			ooms or living areas are						
primary means of escape shall be an interior			<del>-</del>						
			——————————————————————————————————————						
Stail in accordance with co.z.z, an extensi									
stair, a horizontal exit, or a fire escape stair.									

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KMB622 Facility ID: 000769

If continuation sheet Page 2 of 7

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	COMPLETED	
1		15G247	B. W	ING		06/06/	/2024	
			1	STREET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF PROVIDER OR SUPPLIER					ORNWELL DR			
RES CARE COMMUNITY ALTERNATIVES SE IN					RSONVILLE, IN 47130			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION  (FACH CORRECTIVE ACTION SHOULD BE			(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	· ·	primary route, each						
		all have a second means of						
	1	sts of one of the following:						
		oor, stairway, passage, or						
		ay of unobstructed travel to						
		dwelling at street or ground						
		endent of and remotely						
		orimary means of escape.						
	-	assage through an						
	1 -	able space, independent of						
	1	ted from the primary means						
	1 ' ' ' '	roved means of escape.						
	3. It shall be an outside window or door							
	1 3	inside without the use of						
		ecial effort that provides a						
	clear opening of not less than 5.7 square							
	feet. The width shall be not less than 20							
	inches. The heigh	t shall be not less than 24						
	inches. The bottor	m of the opening shall be						
	not more than 44	inches above the floor.						
	Such means of es	scape shall be acceptable						
	where one of the f	following criteria are met:						
	a. The windo،	w shall be within 20 feet of						
	finished ground le	vel.						
	b. The window	w shall be directly						
	accessible to fire	department rescue						
	apparatus as appi	roved by the authority						
	having jurisdiction	ı.						
	c. The window	w or door shall open onto						
	an exterior balcon	ıy.						
	4. Windows hav	ing 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.							
	l • • •	w is not less than 9 square						
		and width of not less than						
	36 inches.							
	c Window well deeper than 43 inches						1	

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Event ID:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G247	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 06/06/2024	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN			2401	TADDRESS, CITY, STATE, ZIP COD CORNWELL DR ERSONVILLE, IN 47130		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE	
TAG	has an approved, or steps complyin  1. The lad more than 6 inches  2. The lad obstructed by the  5. If the sleeping directly to the outs access to finished stairway that mee exterior stairs in 3 escape shall be of the escape requir room.  a. A second resident significant in the scape requir room.  a. A second resident significant in the scape requir room.  a. A second resident is protected automatic sprinkles with 33.2.3.5.  b. Existing approvided with 33.2.2.2.1, 33.2.2.3.4.  Based on observatification of the scape requires a secondar room with multiple practice could affect.  Findings include:  Based on observatification of the process of the scape requires a secondar room with multiple practice could affect.  Findings include:  Based on observatification of the process of the scape requires a secondar room with multiple practice could affect.  Findings include:	permanently affixed ladder g with the following: der or steps do not extend es into the well. der or steps are not window. g room has a door leading side of the building with a ground level or to a sets the requirements of 63.2.2.2.2, that means of considered as meeting all ements for the sleeping means of escape from each all not be required where the d throughout by approved er system in accordance opproved means of escape at to continue to be used. 1.2, 33.2.2.3.1 through on and interview, the facility of 5 client sleeping rooms were condary means of escape in 6.2.2.3. LSC Section 33.2.2.3 by egress from each sleeping eprovisions. This deficient et at least 3 clients.	K S253	1.The administrator will ensiclient sleeping rooms maintai secondary escape with multip provisions including windows providing a clear with of eleve inches when open and an unobstructed secondary mea escape in accordance with 33.2.2.3.  2.The Program Director will schedule repair/replacement window with the ResCare maintenance coordinator. Th ResCare maintenance coordinators	ure 08/08/2024 n a ole en ns of of the e nator	
	feet. The one wind	imum clear width of 5.1 square low in Bedroom #2 opened to a		will inspect all windows to ensure they meet all criteria for mear	ns of	
height of 24.25 inches and a width of 31 inches for		1	Lescape The facility manager	will I		

PRINTED: 06/27/2024 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 06/06/2024 15G247 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 2401 CORNWELL DR RES CARE COMMUNITY ALTERNATIVES SE IN JEFFERSONVILLE, IN 47130 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE a minimum clear width of 5.1 square feet. The one ensure secondary means of window in Bedroom #3 opened to a height of escape are not blocked with 22.25 inches and a width of 34 inches for a furniture. minimum clear width of 5.2 square feet. Each 3.Bedroom window 1,2, and 3 window served as the secondary means of egress will be replaced to ensure an for the room. All measurements were made with a approved means of escape. measuring tape. Based on interview at the time of Competitive bids the observations, the Program Director agreed the 4.The facility will perform aforementioned secondary means of egress did function check of windows during not provide a clear opening of not less than 5.7 monthly drills to ensure windows square feet with the windows in the fully open are operating properly and report position. any defect through the maintenance request form when Based on observations with the Maintenance discovered. Supervisor during a tour of the facility from 10:35 5.The contractor has been a.m. to 10:45 a.m. on 06/06/24, no changes to the selected Capitol Expense Request three bedroom windows were noted to increase has been complete windows are the minimum clear width to 5.7 square feet or on order from Menards expected greater. Based on interview at the time of the delivery date is July 25th installation will be complete 14

observations, the Maintenance Supervisor stated they are waiting on the Corporate operations to install replacement windows to correct the minimum clear width opening for each window.

These findings were reviewed with the Maintenance Supervisor during the exit conference.

This deficiency was cited on 12/20/23. The facility failed to implement a systemic plan of correction to prevent recurrence.

K S347

**NFPA 101** 

Bldg. 01

Smoke Detection **Smoke Alarms** 

2012 EXISTING (Prompt)

Approved smoke alarms shall be provided in accordance with 9.6.2.10, unless either of the following exist:

KMB622

Facility ID: 000769

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days after delivery of windows.

6.Program Manager will verify

installation and report any issues

Persons Responsible: Program

DATE OF COMPLETION: Aug

Residential Manager, Maintenance

Manager, Area Supervisor,

to the AED.

Manager

8, 2024

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>01</u>		COMPL	COMPLETED	
		15G247	B. W	ING		06/06	/2024	
				STREET	ADDRESS, CITY, STATE, ZIP COD			
NAME OF PROVIDER OR SUPPLIER					ORNWELL DR			
RES CARE COMMUNITY ALTERNATIVES SE IN					RSONVILLE, IN 47130			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
		tected throughout by an						
		atic sprinkler system, in						
		33.2.3.5, that uses quick						
	1	lential sprinklers, and						
		proved smoke alarms						
	installed in each	· · ·						
		9.6.2.10, that are powered						
		ectrical system, or						
	_	protected throughout by an						
		atic sprinkler system, in						
		33.3.2.5, that uses						
		r residential sprinklers, with						
	existing battery-powered smoke alarms in							
		om, and where, in the						
	1 -	hority having jurisdiction, the						
	-	nstrated that testing,						
		d a battery replacement						
		he reliability of power to						
	smoke alarms.							
		all be installed on all levels,						
	_	ent but excluding crawl						
	•	ished attics. Additional						
		all be installed for living						
	-	rooms, and similar spaces.						
		all be powered from the						
	_	system and when						
	1	itiate an alarm that is						
	audible in all slee	ping areas.						
	33.2.3.4.3.		177 ~	2.47	A The colors of the St		07/21/2024	
		on and interview, 5 of 5 client	K S	34/	1.The administrator will ens		07/31/2024	
		re not provided with an			the installation of smoke alarr			
		arm in accordance with LSC			are powered from the building	3		
		cient practice could affect all			electrical system and when			
	clients, staff and vi	SHOTS.			activated, shall initiate an ala	rm		
	Findings in the J				that is audible in all sleeping			
	Findings include:				areas.	:11		
	Događar strem d	and with the Ducous Dissets			2 The program Manager v			
		ons with the Program Director			verify work and report any iss	ue to		
	_	e facility from 12:30 p.m. to 1:00			the AED immediately.			
p.m. on 12/20/23, each of the five client sleeping				3 The AED contacted Kris	3	İ		

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

to prevent recurrence.

PRINTED: 06/27/2024 FORM APPROVED OMB NO. 0938-039

CENTERS FOR MEDICARE & MEDICAID SERVICES						OW	ID NO. 0938-039	
STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED		
15G247		B. WING			06/06/2024			
			•	STREET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	ROVIDER OR SUPPLIER	L	2401 CORNWELL DR					
RES CARE COMMUNITY ALTERNATIVES SE IN		JEFFERSONVILLE, IN 47130						
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	<u> </u>	TAG	DEFICIENCY)		DATE	
	rooms in the facility	did not have an approved			Carney with Koorsen Fire and			
	smoke alarm install	ed in the room. Each resident			Security on 6/24/2024 and			
	sleeping room had a	a single station battery			scheduled the immediate			
	_	rm installed on the ceiling in			relocation of sprinkler heads r	ot in		
		oke alarm was not powered by			compliance.			
	the building electric	eal system. Each battery			4 Follow up will be done By			
	*	rm installed in the bedrooms			Dave Danzo ResCare			
	were not interconnected to all other bedroom			Maintenance Manager weekly until		until		
	smoke alarms. Based on interview at the time of			work is complete.				
	the observations, the Program Director agreed		5 Work orders have been					
	each of the client sleeping rooms was not		approved and work can began as					
	provided with a smoke alarm which was powered		soon as Koorsen is available to					
	by the building elec	trical system.			send service techs.			
					6 If expected work is not			
	Based on observation	ons with the Maintenance			complete by July 15, 2024 a			
	Supervisor during a tour of the facility from				backup vendor is on stand by			
	a.m. to 10:45 a.m. o	on 06/06/24, each of the five			North Side Fire and Security will			
	client sleeping roon	ns in the facility still did not			complete work no later than 3	1		
	have an approved si	moke alarm installed in the			July if Koorsen is unable to ho	nor		
	room. Based on int	erview at the time of the			contract before July 15, 2024.			
		aintenance Supervisor stated						
	they are waiting on	the Corporate operations to			Persons Responsible: AED,			
install replacement		moke detectors in each client		Program Manager, A				
sleeping room.					Supervisor, Residential Manager,			
					Maintenance Manager, Koors			
	These findings were reviewed with the				Fire and Security, Northside F	Northside Fire		
	Maintenance Supervisor during the exit		and Security (Backup Vendor)			)		
	conference.							
					DATE OF COMPLETION: Ju	ly		
	This deficiency was	s cited on 12/20/23. The facility			31,2024			
failed to implement a systemic plan of correction		a systemic plan of correction						

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: KMB622 Facility ID: 000769 If continuation sheet Page 7 of 7