

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

PRINTED: 06/27/2024

FORM APPROVED

OMB NO. 0938-039

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
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 2401 CORNWELL DR 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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 12/20/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 06/06/24</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>At this Emergency Preparedness survey, 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 8 certified beds. At the time of the survey, the census was 8.</p> <p>Quality Review conducted on 06/07/24</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 12/20/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 06/06/24</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Slaughter	AED	06/24/2024

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 S253 Bldg. 01	<p>At this PSR survey, Res Care 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 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 capacity of 8 and had a census of 8 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 Prompt with an E-Score of 1.3.</p> <p>Quality Review conducted on 06/07/24</p> <p>NFPA 101 Number of Exits - Patient Sleeping and 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 stair in accordance with 33.2.2.4, an exterior stair, a horizontal exit, or a fire escape stair.</p>			
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	<p>In addition to the primary route, each sleeping room shall have a second means of escape that consists of one of the following:</p> <ol style="list-style-type: none"> 1. It shall be a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape. 2. It shall be a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to approved means of escape. 3. It shall be an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear opening of not less than 5.7 square feet. The width shall be not less than 20 inches. The height shall be not less than 24 inches. The bottom of the opening shall be not more than 44 inches above the floor. Such means of escape shall be acceptable where one of the following criteria are met: <ol style="list-style-type: none"> a. The window shall be within 20 feet of finished ground level. b. The window shall be directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction. c. The window or door shall open onto an exterior balcony. 4. Windows having a sill height below the adjacent finished ground level are that provided with a window well meet the following criteria: <ol style="list-style-type: none"> a. The window well allows the window to be fully openable. b. The window is not less than 9 square feet with a length and width of not less than 36 inches. c. Window well deeper than 43 inches 			

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	<p>has an approved, permanently affixed ladder or steps complying with the following:</p> <ol style="list-style-type: none"> 1. The ladder or steps do not extend more than 6 inches into the well. 2. The ladder or steps are not obstructed by the window. 5. If the sleeping room has a door leading directly to the outside of the building with access to finished ground level or to a stairway that meets the requirements of exterior stairs in 33.2.2.2.2, that means of escape shall be considered as meeting all the escape requirements for the sleeping room. <ol style="list-style-type: none"> a. A second means of escape from each sleeping room shall not be required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5. b. Existing approved means of escape shall be permitted to continue to be used. <p>33.2.2.2.1, 33.2.2.2, 33.2.2.3.1 through 33.2.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure 3 of 5 client sleeping rooms were provided with a secondary means of escape in accordance with 33.2.2.3. LSC Section 33.2.2.3 requires a secondary egress from each sleeping room with multiple provisions. This deficient practice could affect at least 3 clients.</p> <p>Findings include:</p> <p>Based on observations with the Program Director during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 12/20/23, the one window in the Bedroom #1 opened to a height of 24 inches and a width of 31 inches for a minimum clear width of 5.1 square feet. The one window in Bedroom #2 opened to a height of 24.25 inches and a width of 31 inches for</p>	K S253	<ol style="list-style-type: none"> 1. The administrator will ensure client sleeping rooms maintain a secondary escape with multiple provisions including windows providing a clear with of eleven inches when open and an unobstructed secondary means of escape in accordance with 33.2.2.3. 2. The Program Director will schedule repair/replacement of the window with the ResCare maintenance coordinator. The ResCare maintenance coordinator will inspect all windows to ensure they meet all criteria for means of escape. The facility manager will 	08/08/2024

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K S347 Bldg. 01	<p>a minimum clear width of 5.1 square feet. The one window in Bedroom #3 opened to a height of 22.25 inches and a width of 34 inches for a minimum clear width of 5.2 square feet. Each window served as the secondary means of egress for the room. All measurements were made with a measuring tape. Based on interview at the time of the observations, the Program Director agreed the aforementioned secondary means of egress did not provide a clear opening of not less than 5.7 square feet with the windows in the fully open position.</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:35 a.m. to 10:45 a.m. on 06/06/24, no changes to the three bedroom windows were noted to increase the minimum clear width to 5.7 square feet or greater. Based on interview at the time of the 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.</p> <p>These findings were reviewed with the Maintenance Supervisor during the exit conference.</p> <p>This deficiency was cited on 12/20/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>NFPA 101 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:</p>		<p>ensure secondary means of escape are not blocked with furniture.</p> <p>3. Bedroom window 1, 2, and 3 will be replaced to ensure an approved means of escape. Competitive bids</p> <p>4. The facility will perform function check of windows during monthly drills to ensure windows are operating properly and report any defect through the maintenance request form when discovered.</p> <p>5. The contractor has been selected Capitol Expense Request has been complete windows are on order from Menards expected delivery date is July 25th installation will be complete 14 days after delivery of windows.</p> <p>6. Program Manager will verify installation and report any issues to the AED.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Maintenance Manager</p> <p>DATE OF COMPLETION: Aug 8, 2024</p>		

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	<p>1. Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system, or</p> <p>2. Buildings are protected throughout by an approved automatic sprinkler system, in accordance with 33.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Smoke alarms shall be installed on all levels, including basement but excluding crawl spaces and unfinished attics. Additional smoke alarms shall be installed for living rooms, dens, day rooms, and similar spaces. These alarms shall be powered from the building electrical system and when activated, shall initiate an alarm that is audible in all sleeping areas.</p> <p>33.2.3.4.3.</p> <p>Based on observation and interview, 5 of 5 client sleeping rooms were not provided with an approved smoke alarm in accordance with LSC 9.6.2.10. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Program Director during a tour of the facility from 12:30 p.m. to 1:00 p.m. on 12/20/23, each of the five client sleeping</p>	K S347	<p>1. The administrator will ensure the installation of smoke alarms are powered from the building electrical system and when activated, shall initiate an alarm that is audible in all sleeping areas.</p> <p>2 The program Manager will verify work and report any issue to the AED immediately.</p> <p>3 The AED contacted Kris</p>	07/31/2024
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	<p>rooms in the facility did not have an approved smoke alarm installed in the room. Each resident sleeping room had a single station battery operated smoke alarm installed on the ceiling in the room. Each smoke alarm was not powered by the building electrical system. Each battery operated smoke alarm installed in the bedrooms were not interconnected to all other bedroom smoke alarms. Based on interview at the time of the observations, the Program Director agreed each of the client sleeping rooms was not provided with a smoke alarm which was powered by the building electrical system.</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:35 a.m. to 10:45 a.m. on 06/06/24, each of the five client sleeping rooms in the facility still did not have an approved smoke alarm installed in the room. Based on interview at the time of the observations, the Maintenance Supervisor stated they are waiting on the Corporate operations to install replacement smoke detectors in each client sleeping room.</p> <p>These findings were reviewed with the Maintenance Supervisor during the exit conference.</p> <p>This deficiency was cited on 12/20/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>Carney with Koorsen Fire and Security on 6/24/2024 and scheduled the immediate relocation of sprinkler heads not in compliance.</p> <p>4 Follow up will be done By Dave Danzo ResCare Maintenance Manager weekly until work is complete.</p> <p>5 Work orders have been approved and work can began as soon as Koorsen is available to send service techs.</p> <p>6 If expected work is not complete by July 15, 2024 a backup vendor is on stand by North Side Fire and Security will complete work no later than 31 July if Koorsen is unable to honor contract before July 15, 2024.</p> <p>Persons Responsible: AED, Program Manager, Area Supervisor, Residential Manager, Maintenance Manager, Koorsen Fire and Security, Northside Fire and Security (Backup Vendor)</p> <p>DATE OF COMPLETION: July 31,2024</p>	