PRINTED:	10/11/2024
FORM API	PROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOI	R MEDICARE & MEDI	CAID SERVICES			OMB NO. 0938-039
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING		COMPLETED
		15G749	B. WING		09/17/2024
NAME OF 1	PROVIDER OR SUPPLIE	CR .		ADDRESS, CITY, STATE, ZIP COD	
				SIMA GRAY RD	
RES CA	RE SOUTHEAST I	NDIANA	HENRY	/VILLE, IN 47126	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY O	PR LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
E 0000					
Bldg					
Ū.	An Emergency Pre	eparedness Survey was	E 0000		
		ndiana Department of Health in	20000		
	accordance with 42	-			
	Survey Date: 09/1	7/24			
	Facility Number:	011595			
	Provider Number:				
	AIM Number: 20				
	At this Emergency	Preparedness survey, Res Care			
		was found in compliance with			
		redness Requirements for			
		licaid Participating Providers			
	and Suppliers, 42				
	and Suppliers, 12	or it 105.175.			
	The facility has 4 (certified beds. All 4 beds are			
		caid. At the time of the survey,			
	the census was 4.	and. At the time of the survey,			
	the consus was 1.				
	Quality Review co	ompleted on 09/24/24			
K 0000					
Bldg. 01					
0	A Life Safety Cod	e Certification and	K 0000		
		rvey was conducted by the	11 0000		
		nt of Health in accordance with			
	42 CFR 483.470(j)				
	.2 0111 10011,000	,			
	Survey Date: 09/1	7/24			
	Facility Number:	011595			
	Provider Number:				
	AIM Number: 20				
	200				
	At this Life Safety	Code survey, Res Care			
LABORATO	AY DIRECTOR'S OR PRO	OVIDER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE	(X6) DATE
2.120101101					(10) DITTE

Tracy Callahan

Program Manager

10/06/2024

Any defiency statement 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.

011595

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** 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 15G749 B. WING 09/17/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 16613 SIMA GRAY RD **RES CARE SOUTHEAST INDIANA** HENRYVILLE, IN 47126 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE Southeast Indiana 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. This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and in client sleeping rooms. The facility has heat detectors installed in the attic. The facility has a capacity of 4 and had a census of 4 at the time of this survey. 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 0.14. Quality Review completed on 09/24/24 K S353 **NFPA 101** Sprinkler System - Maintenance and Testing Bldg. 01 1. Based on observation and interview, the facility K S353 Maintenance Director will 11/07/2024 failed to maintain the ceiling construction in 1 of 1 ensure that the 1-inch penetration areas near emergency light 2 and 1 of 1 sprinkler located around the sprinkler head riser closets. NFPA 12, 2010 edition, Section near the emergency light 2 is 3.3.5.4 defines a smooth ceiling as a continuous repaired. ceiling free from significant irregularities, lumps, Maintenance Director will or indentations. The ceiling traps hot air and ensure that the 0.5-inch gases around the sprinkler and cause the sprinkler penetration located in the sprinkler to operate at a specified temperature. This riser closet ceiling around the deficient practice could affect all clients and staff sprinkler piping is repaired. in the facility. Maintenance Director will inspect the sprinklers on the back Findings include: porch missing an escutcheon and notify the appropriate contractors NJF621 Event ID: Facility ID: 011595 Page 2 of 5 FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet

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	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA () ND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G749		r í	UILDING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 09/17/2024	
	PROVIDER OR SUPPLIEF			16613	ADDRESS, CITY, STATE, ZIP COD SIMA GRAY RD YVILLE, IN 47126	•	
	T				TVILLE, IN 47 120		1
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	E RIATE	(X5) COMPLETIC DATE
	Based on observation on 09/17/24 betweet the Direct Support 1 located around the light 2 and a 0.5 ind the sprinkler riser of sprinkler riser pipint time of observation agreed there were p aforementioned loc measurements.	on during a tour of the facility in 12:30 PM and 1:00 PM with Lead, a 1 inch penetration was sprinkler head near emergency th penetration was located in loset ceiling around the g. Based on interview at the , the Direct Support Lead enetrations in the ceiling in the ations and provided the viewed with the Direct Support Intellectual Disabilities			to make repairs. Maintenance Director w inspect the sprinkler(s) in the kitchen and notify the approp contractors to make the repa The AED and the Progr Manager will follow up with Maintenance Director to ens these repairs are completed	e oriate airs. am ure	
	failed to ensure 1 o porch were maintai the Installation of S Section 6.2.7.1 state devices used to cov sprinkler shall be m around a sprinkler. affect all clients and	ation and interview, the facility f 2 sprinkler heads in the back ned. NFPA 13, Standard for prinkler Systems, 2010 Edition, es plates, escutcheons, or other er the annular space around a tetallic or shall be listed for use This deficient practice could d staff in the facility.					
	on 09/17/24 betweet the Direct Support the back porch was escutcheon. Based observation, the Dir	on during a tour of the facility on 12:30 PM and 1:00 PM with Lead, 1 of 2 sprinkler heads in observed to be missing an on interview at the time of rect Support Professional on in 1 of the 2 back porch ing an escutcheon.					
	-	viewed with the Direct Support Intellectual Disabilities					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED 09/17/2024		
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA			STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126					
(X4) ID		STATEMENT OF DEFICIENCIE				(X5)		
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION	PREF	IX (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO T	ON SHOULD BE	COMPLETIO		
	Professional at the	exit conference.						
	failed to ensure 1 of and 1 of 1 kitchen and lint/dust. NFF Inspection, Testing Water-Based Fire requires sprinklers corrosion. 5.2.1.1 shows signs of pair replaced. Furthern a sprinkler escutch heads was maintair	vation and interview, the facility of 2 sprinklers on the back porch sprinklers were free of corrosion PA 25, Standard for the g, and Maintenance of Protection Systems at 5.2.1.1.1 to be free of paint and .2 requires any sprinkler that nt or corrosion shall be more, the facility failed to ensure teon for 1 of over 25 sprinkler ned to allow the sprinkler head all capability. This deficient clients and staff.						
	on 09/17/24 betwee the Direct Support the back porch and was observed to be Based on interview Direct Support Pro- head and cover in were covered with This finding was r	eviewed with the Direct Support						
	Lead and Qualifier Professional at the	d Intellectual Disabilities						
K S511 Bldg. 01	NFPA 101 Utilities - Gas an							
	failed to ensure ele 1 of 1 client room	ion and interview, the facility ectrical outlets were protected in C according to 33.2.5.1. NFPA Article 406.6, Receptacle	K S511	Maintenance D ensure that the rece plate is installed on behind the TV.	eptacle cover	11/07/202		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G749		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED 09/17/2024	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET A 16613 S HENRY	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PROVIDERS PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI TAG DEFICIENCY)		BE	(X5) COMPLETION DATE
	faceplates shall be i cover the opening a surface. This deficit occupants. Findings include: Based on observatio on 09/17/24 betwee the Direct Support I receptacles behind to a coverplate connect interview at the tim Support Lead agree aforementioned loc plate. This finding was re	Plates), requires receptacle nstalled so as to completely nd seat against the mounting ent practice could affect a 1 on during a tour of the facility in 12:30 PM and 1:00 PM with Lead, 1 of 2 electrical the TV was not equipped with eted to the wall. Based on e of observation, the Direct d the receptacle in the ation did not have a cover viewed with the Direct Support Intellectual Disabilities exit conference.			The AED and the Prog Manager will follow up with Maintenance Director to en- these repairs are completed	the sure	

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If continuation sheet Page 5

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