

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

PRINTED: 10/11/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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(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 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 09/17/24</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>At this Emergency Preparedness survey, Res Care Southeast Indiana 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 4 certified beds. All 4 beds are certified for Medicaid. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 09/24/24</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Certification and Environmental Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/17/24</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</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
Tracy Callahan	Program Manager	10/06/2024

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 S353 Bldg. 01	<p>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.</p> <p>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.</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 0.14.</p> <p>Quality Review completed on 09/24/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>1. Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 areas near emergency light 2 and 1 of 1 sprinkler riser closets. NFPA 12, 2010 edition, Section 3.3.5.4 defines a smooth ceiling as a continuous ceiling free from significant irregularities, lumps, or indentations. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p>	K S353	<p>Maintenance Director will ensure that the 1-inch penetration located around the sprinkler head near the emergency light 2 is repaired.</p> <p>Maintenance Director will ensure that the 0.5-inch penetration located in the sprinkler riser closet ceiling around the sprinkler piping is repaired.</p> <p>Maintenance Director will inspect the sprinklers on the back porch missing an escutcheon and notify the appropriate contractors</p>	11/07/2024

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	<p>Based on observation during a tour of the facility on 09/17/24 between 12:30 PM and 1:00 PM with the Direct Support Lead, a 1 inch penetration was located around the sprinkler head near emergency light 2 and a 0.5 inch penetration was located in the sprinkler riser closet ceiling around the sprinkler riser piping. Based on interview at the time of observation, the Direct Support Lead agreed there were penetrations in the ceiling in the aforementioned locations and provided the measurements.</p> <p>This finding was reviewed with the Direct Support Lead and Qualified Intellectual Disabilities Professional at the exit conference.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 2 sprinkler heads in the back porch were maintained. NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 09/17/24 between 12:30 PM and 1:00 PM with the Direct Support Lead, 1 of 2 sprinkler heads in the back porch was observed to be missing an escutcheon. Based on interview at the time of observation, the Direct Support Professional agreed the escutcheon in 1 of the 2 back porch sprinklers was missing an escutcheon.</p> <p>This finding was reviewed with the Direct Support Lead and Qualified Intellectual Disabilities</p>		<p>to make repairs.</p> <p>Maintenance Director will inspect the sprinkler(s) in the kitchen and notify the appropriate contractors to make the repairs.</p> <p>The AED and the Program Manager will follow up with Maintenance Director to ensure these repairs are completed.</p>	

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K S511 Bldg. 01	<p>Professional at the exit conference.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 2 sprinklers on the back porch and 1 of 1 kitchen sprinklers were free of corrosion and lint/dust. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 5.2.1.1.1 requires sprinklers to be free of paint and corrosion. 5.2.1.1.2 requires any sprinkler that shows signs of paint or corrosion shall be replaced. Furthermore, the facility failed to ensure a sprinkler escutcheon for 1 of over 25 sprinkler heads was maintained to allow the sprinkler head to function to its full capability. This deficient practice could all clients and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 09/17/24 between 12:30 PM and 1:00 PM with the Direct Support Lead, 1 of 2 sprinkler heads in the back porch and 1 of 1 kitchen sprinkler covers was observed to be covered with corrosion/rust. Based on interview at the time of observation, the Direct Support Professional agreed the sprinkler head and cover in the aforementioned locations were covered with rust/corrosion.</p> <p>This finding was reviewed with the Direct Support Lead and Qualified Intellectual Disabilities Professional at the exit conference.</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>Based on observation and interview, the facility failed to ensure electrical outlets were protected in 1 of 1 client room C according to 33.2.5.1. NFPA 70, 2011 Edition, Article 406.6, Receptacle</p>	K S511	Maintenance Director will ensure that the receptacle cover plate is installed on the outlet behind the TV.	11/07/2024

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	<p>Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 09/17/24 between 12:30 PM and 1:00 PM with the Direct Support Lead, 1 of 2 electrical receptacles behind the TV was not equipped with a coverplate connected to the wall. Based on interview at the time of observation, the Direct Support Lead agreed the receptacle in the aforementioned location did not have a cover plate.</p> <p>This finding was reviewed with the Direct Support Lead and Qualified Intellectual Disabilities Professional at the exit conference.</p>		The AED and the Program Manager will follow up with the Maintenance Director to ensure these repairs are completed.				