

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

PRINTED: 03/21/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G255	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2025
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP COD 154 CHAD DR VERSAILLES, IN 47042
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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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/04/25</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</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. All 8 beds are certified for Medicaid. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 03/05/25</p>	E 0000		
K 0000  Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/04/25</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</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

Anna Brison

Program Director

03/18/2025

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 S300 Bldg. 02	<p>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 was determined to be fully sprinklered. The attic which is not used for living purposes, storage, or fuel-fire equipment is protected by heat detection devices connected to the fire alarm control panel. The facility has a fire alarm system with smoke detection in corridors and all living areas. The facility has a capacity of 8 and had a census of 7 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 Slow with an E-Score of 2.28.</p> <p>Quality Review completed on 03/05/25</p> <p>NFPA 101 Protection - Other</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoking areas did not contain flammable gases. LSC 8.7.3.1 states the storage and handling of flammable liquids or gases shall be in accordance with the following applicable standards (1) NFPA 30, Flammable and Combustible Liquids Code. NFPA 30 2012 edition 6.5.1 states precautions shall be taken to prevent the ignition of flammable vapors by sources such as the following: (1) Open flames (2) Lightning (3) Hot surfaces</p>	K S300	<b>K0300:</b> General Requirements  <b>Corrective Action:</b> The Program Director submitted a work order to Maintenance to remove the grill tank from the grill. <b>(Attachment A)</b> Staff inserviced on ensuring the grill tank is not on the grill when not in use and must be stored away from the designated smoking area. <b>(Attachment B)</b>	03/20/2025

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K S353 Bldg. 02	<p>(4) Radiant heat (5) Smoking (6) Cutting and welding (7) Spontaneous ignition (8) Frictional heat or sparks (9) Static electricity (10) Electrical sparks (11) Stray currents (12) Ovens, furnaces, and heating equipment This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation and interview with the Area Supervisor (AS) during a facility tour on 03/04/25 between 11:00 a.m. and 12:45 p.m., in the designated smoking area on the back porch/deck there was a propane tank attached to a gas grill sitting on the deck. Based on an interview at the time of observation, the AS agreed there was a propane tank in the smoking area and stated she thought she would relocate the smoking area. This finding was acknowledged by the AS at the time of observation and again at the Exit Conference with the AS present.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers that were stored properly in a spare sprinkler cabinet on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced.</p>	K S353	<p>Site Reviews are done monthly by Rescare Management to ensure we are following all safety guidelines. <b>(Attachment C)</b></p> <p><b>Monitoring of Corrective Action:</b> Program Manager will contact Maintenance for all issues within the facility. Site Reviews are entered into the CRM database and tracked by the Quality Assurance Manager to ensure completion and follow up on all issues with the Program Manager.</p> <p><b>Completion Date: 3/20/25</b></p> <p><b>K0353: Sprinkler System – Maintenance and Testing</b></p> <p><b>Corrective action:</b> Program Director contacted Koorsen to have the loose spare heads in the storage box removed and to ensure they only have 6 spare heads in each storage box and none laying loose in the box. <b>(Attachment D)</b></p>	03/20/2025			

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K S511 Bldg. 02	<p>The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation and interview with the Area Supervisor (AS) during a facility tour on 03/04/25 between 11:00 a.m. and 12:45 p.m., the facility had two spare sprinkler boxes. One located in the riser closet, and the second located in the office. Each spare sprinkler box contained more spare sprinkler heads than provided protective slots. Each box had spare sprinklers being stored loose in the box. This finding was acknowledged by the AS at the time of observation and again at the Exit Conference with the AS present.</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 4 flexible cords were installed properly and used in a safe manor. NFPA 99, Section 10.2.4.2 states adapters and extension cords meeting the requirements of 10.2.4.2.1 through 10.2.4.2.3 shall be permitted. Section 10.2.4.2.3 states the cabling shall comply with 10.2.3. Section 10.2.3.5.1 states cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress, either pull, twist, or bend, is not transmitted to internal connections.</p>	K S511	<p><b>Monitoring of Corrective Action:</b> Program Director will follow up with Koorsen to ensure the spare heads are removed that do not have a slot.</p> <p><b>Completion Date: 3/20/25</b></p> <p><b>K0511: Utilities- Gas and Electric</b></p> <p><b>Corrective Action:</b></p> <p><b>-Staff inserviced on surge protectors used in the home and that they must be flat on the floor and cannot be dangling or affixed to the</b></p>	03/20/2025

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	<p>Findings include:</p> <p>Based on observation and interview with the Area Supervisor (AS) during a facility tour on 03/04/25 between 11:00 a.m. and 12:45 p.m., in the (1) Office a power strip was being used to power equipment and was not secured, dangling from the wall near the desk. In the (2) living room near the TV a Power strip was in use and dangling from the wall. This condition could put stress on the power cords causing damage to the power cords. Based on interview at the time of observations, the AS agreed the power strips were dangling, not secured, and stated the power strips will need to be mounted or set on the floor.</p> <p>This finding was acknowledged by the AS at the time of observation and again at the Exit Conference with the AS present.</p>		<p><b>furniture. (Attachment E)</b></p> <p><b>-Area Supervisor will complete weekly check and will ensure all surge protectors are sitting flat on the floor where in use in the facility. (Attachment F)</b></p> <p><b>Monitoring of Corrective Action:</b></p> <p><b>-Area Supervisor will train monthly at house meetings to ensure all staff are aware of proper use of the surge protectors and that they must be flat on the floor when in use.</b></p> <p><b>-Area Supervisor will send completed weekly check to the Program Manager for review and monitoring of completion.</b></p> <p><b>Completion Date: 3/20/25</b></p>	