

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: 15G746	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2024
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NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP COD 16609 SIMA GRAY RD HENRYVILLE, IN 47126
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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: 06/03/24</p> <p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</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. At the time of the survey, the census was 4.</p> <p>Quality Review conducted on 06/06/24</p>	E 0000		
K 0000 Bldg. 01	<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: 06/3/24</p> <p>Facility Number: 011664 Provider Number: 15G746 AIM Number: 200902010</p> <p>At this Life Safety Code survey, Res Care Southeast Indiana was found not in compliance with Requirements for Participation in Medicaid,</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 S353 Bldg. 01	<p>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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, common living areas and all client sleeping rooms, plus heat detection in the attic connected to the fire alarm system. 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 0.08.</p> <p>Quality Review conducted on 06/06/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family</p>			

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	<p>Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, 			
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	<p>section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 side B TV rooms and 1 of 1 laundry rooms. 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> <p>Based on observation during a tour of the facility on 06/03/2024 between 1:30 PM and 2:00 PM with the Area Supervisor and the Maintenance Director, a 1.5 inch penetration in the ceiling of the side B TV room and a 0.25 inch penetration in the ceiling of the laundry room was observed. Based on interview at the time of the observations, the Area Supervisor and Maintenance Director agreed there were present in the aforementioned locations and provided the measurements. The penetrations were corrected at the time of observations.</p>	K S353	<p>1 The Maintenance Manager repaired 1.5 inch penetration in the ceiling of side B TV room and the .24 inch in the ceiling of the laundry room on 6/4/2024.</p> <p>2 The Maintenance Manager removed shelving in pantry and activity closet to ensure 18 inches of clearance from the ceiling.</p> <p>3 The Area Supervisor will in-service staff on storage is in with accordance with 33.2.3.5. NFPA 13, 2010 edition Section 8.5.5.2 and 8.5.5.3 to allow continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector that prevent the pattern from fully developing.</p> <p>1. The Maintenance Manager installed missing escutcheon plates on side A bathroom, Side B 3 sprinkler heads, and garage sprinkler heads on 6/4/2024</p> <p>2. A random monthly site review will be completed by a member of</p>	06/24/2024
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	<p>This finding was reviewed with the Area Supervisor and the Maintenance Director at the exit conference.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler heads in side A bathroom, 1 of 2 side B room 3 sprinkler heads, and 1 of 4 garage sprinkler heads in the facility 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 with the Area Supervisor and Maintenance Director during a tour of the facility on 06/03/2024 between 1:30 PM and 2:00 PM, the following was observed:</p> <ul style="list-style-type: none"> a. 1 of 1 side A bathroom sprinkler heads was missing its cover b. 1 of 2 side B room 3 sprinkler heads was missing its cover c. 1 of 4 garage sprinkler heads was missing its cover <p>Based on interview at the time of the observations, the Area Supervisor and Maintenance Director agreed the aforementioned sprinkler heads were missing their covers. The covers were installed at the time of the observations.</p> <p>This finding was reviewed with the Area Supervisor and Maintenance Director at the exit conference.</p> <p>3. Based on observation and interview, the facility</p>		<p>ResCare's Administrative team to ensure compliance.</p> <p>Persons Responsible: AED, Maintenance Manager, Program Manager, ResCare Maintenance. Area Supervisor, DSL, DSP</p> <p>DATE OF COMPLETION: June 24, 2024</p>	

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	<p>failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 pantries and 1 of 1 activity closets in accordance with 33.2.3.5. NFPA 13, 2010 edition, Section 8.5.5.1, states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Section 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector that prevent the pattern from fully developing. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Area Supervisor and the Maintenance Director on 06/03/2024 between 1:30 PM and 2:00 PM, storage in the pantry and activity closet were less than 18 inches from the ceiling. Based on interview at the time of observation, the Area Supervisor and the Maintenance Director agreed there was storage in the pantry and activity closet less than 19 inches from the ceiling. The measurement was provided by the Maintenance Director. The storage less than 18 inches from the ceiling was removed at the time of observation.</p> <p>This finding was reviewed with the Area Supervisor and the Maintenance Director at the exit conference.</p>			