

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G698	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2013
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NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MITCHEL ST ROCHESTER, IN 46975
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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/09/13</p> <p>Facility Number: 003238 Provider Number: 15G698 AIM Number: 200371780</p> <p>Surveyors: Joe L. Brown, Jr., Life Safety Code Specialist & Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Life Safety Code survey, Cardinal Services Inc. of Indiana was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 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, in the living areas, and hard wired smoke detectors in the client sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the</p>	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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	<p>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 Impractical with an E-Score of 5.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. LSC 9.6.1.4 requires fire alarm systems to be maintained in accordance with NFPA 72. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient</p>	KS051	<p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1 The fire alarm system at the group home was completed by Priority 1 on 3/15/12 and 4/6/11. This inspection included testing of the manual pull station, photo detector, heat detector, waterflow switch, door contact, combination horn/strobe, strobe, door holder. A inspection of fire extinguishers was completed by Extinguisher Co. No 1 on 5/9/12 (See attachments A, B, and C) Additionally, the agency conducts additional Fire Sprinkler Inspections completed by the agency's Maintenance department and Shambaugh & Son on a rotating quarterly basis. (See attachments D, E, F, G, H, I, and J) This documentation was in the home's Disaster Drill binder and available for review during the survey. All required inspections have occurred per</p>	01/30/2013	

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	<p>practice could affect all clients, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Direct Service Provider from 8:00 a.m. to 10:30 a.m. on 01/09/13, the most recent fire alarm system quarterly inspection documentation available for review indicated the last quarterly inspection occurred on 10/17/08. Telephone interviews with the company providing the inspections and the Residential Director on 01/09/13 at 12:30 p.m. confirmed inspections had not been done since 10/17/08. Based on interview on 01/09/13 with the Direct Service Provider at the time of record review, she acknowledged the quarterly inspections have not been performed.</p>		<p>regulation and it is not known where the surveyor received the information that the inspections haven't been completed since 2008. The agency will continue to ensure compliance with NFPA 72, LSC 9.6.1.4, and NFPA 72, 7-3.2. Maintenance Manager Responsible</p>		

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