

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G615	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/13/2012
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NAME OF PROVIDER OR SUPPLIER  CARDINAL SERVICES INC OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 511 E SOUTH ST BREMEN, IN 46506
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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: 02/13/12</p> <p>Facility Number: 001164 Provider Number: 15G615 AIM Number: 100235570</p> <p>Surveyor: Robert Booher, Life Safety Code Specialist</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, client sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</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>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 3.36.</p> <p>Quality Review by Dennis Austill, Life Safety Code Survey Supervisor</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p>				

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KS053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Fire Alarm Control Panels (FACP) was protected by a smoke detector. LSC 9.6.2.10.1 requires smoke detectors be in accordance with NFPA 72, National Fire Alarm Code. NFPA 72 at 1-5.6 requires an</p>	KS053	Per NFPA 72 1-5.6, this facility has an automatic fire sprinkler system throughout the home that is wired to the alarm system. The location where the fire panel is placed is in a continuously occupied location of the home. The home is staffed 24 hours a day, 7 days a week. The agency	03/14/2012			

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	<p>automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all 7 clients as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation at 1:51 p.m. on 02/13/12 with house staff # 1, a smoke detector was not provided near the Fire Alarm Control Panel located in the west kitchen. Based on observation and interview with maintenance staff # 1 at 1:59 p.m. on 02/13/12, the circular area on the ceiling in the alcove where the FACP was located was where a light had been removed, and a smoke detector had never been located there.</p>		is of the belief that a smoke detector is not required in the specific location noted on this survey. Facility Maintenance Manager Responsible		

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KS056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p><b>IMPRACTICAL</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All habitable areas and closets are sprinklered. Automatic</p>			

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	<p>sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observation and interview, the facility failed to maintain 1 of 1 sprinklers in each of the two furnace rooms in accordance with NFPA 13 D. NFPA 13 D at 3-5.5 requires metal escutcheons be tested as part of the assembly for for residential sprinklers. This deficient practice could affect clients and staff if the sprinklers failed to operate, or operated slowly due to the missing sprinkler head parts</p> <p>Findings include:</p> <p>Based on observation and interview with maintenance staff # 1 between 1:42 p.m. and 1:49 p.m. on 02/13/12, each of the two furnace rooms had one sprinkler and the escutcheon (metal rings) was missing from each of the sprinkler heads. Maintenance staff # 1 acknowledged each of the missing escutcheons at the times of observation,</p> <p>2. Based on observation and interview, the facility failed to ensure the minimum</p>	KS056	<p>On February 13, 2012 the escutcheons were replaced on each of the sprinkler heads. On February 21, 2012 replacement sprinkler heads were purchased and are present in the home increasing the number of spare sprinkler heads from four to six. All inspections were current and available for review at the time of the survey. The old inspection report has been removed from the wall. All current inspection sheets are located in the Fire Safety Book at the home. Shambaugh &amp; Sons completed inspections on 10/13/11 &amp; 4/7/11. The agency's facility manager completed a 'Report of Fire Sprinkler Inspection' report in January 2012 and July 2011. (See attachments A - H) Facility Maintenance Manager Responsible</p>	03/14/2012			

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	<p>supply of spare sprinkler heads was maintained in 1 of 1 spare sprinkler cabinets. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes with a minimum of two sprinklers of each type and temperature rating installed. NFPA 25, 2-4.1.6 requires 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 affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with maintenance staff # 1 on 02/13/12 at 1:49 p.m., only four spare sprinklers for the sprinkler heads installed in the facility were provided in the cabinet located in the sprinkler riser/furnace room next to the front entry, instead of six. At the time of observation, maintenance staff # 1 acknowledged there were only four spare sprinkler heads.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1</p>						

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	<p>backflow preventers was tested annually to ensure safe operation. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7 and 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 9-6.2.2 states all backflow preventers installed in fire protection water supply piping shall be tested annually and maintained. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation with maintenance staff # 1 at 1:49 p.m., the inspection tag and the posted report on the wall behind the backflow preventer indicated the the backflow preventer was last inspected on 12/01/10, more than one year ago. At the time of observation, maintenance staff # 1 acknowledged the date of the inspection for the backflow preventer and offered no other documentation for review.</p>				

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KS123	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every bathroom door is designed to allow opening from the outside during an emergency when locked. 32.2.2.5.4, 33.2.2.5.4</p> <p>Based on observation and interview, the facility failed to provide a "key" for the operable locks on the two bathroom doors and train all staff on how to unlock the doors in emergency to protect 7 of 7 clients. This deficient practice could affect any of the seven clients in the facility if they locked themselves in the bathroom and staff could not reach them during an emergency.</p> <p>Findings include:</p> <p>Based on observations and interview on 02/13/12 between 1:43 p.m. and 1:45 p.m. with house staff # 1, the two bathroom doors were equipped with locks which were operable from inside the bathroom. A "key" near the doors was not observed, so house staff # 1 was asked if she could unlock the bathroom doors. She went to get the keys for the home, but they were too thick to fit into the slot on the door handle so the door could be unlocked. After the attempt was made to unlock the bathroom door, house staff # 1 acknowledged she had not been taught how to unlock the bathroom doors.</p>	KS123	On February 13, 2012 and February 23, 2012 staff were retrained on the location of the bathroom key. More specifically staff were trained that the key to the bathroom is located in the office in the key kiosk identified by an orange tag. (See attachments I, J) Staff in the group home are now able to locate and unlock the bathroom door. Residential Manager Responsible	03/14/2012			