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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G101 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>11/03/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CDC INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2906 N 400 E<br>MONTICELLO, IN 47960 |
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| K010000 | <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: 11/03/14</p> <p>Facility Number: 000639<br/>Provider Number: 15G101<br/>AIM Number: 100234030</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, CDC Inc. 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 determined to be nonsprinklered. The facility has a fire alarm system with smoke detection in corridors, in client rooms and in common living areas. The facility has the capacity for 6 and had a census of 3 at the time of this survey.</p> | K010000 |  |  |
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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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| K010130            | <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 2.24.</p> <p>Quality Review by Lex Brashear, Life Safety Code-Medical Surveyor on 11/10/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 portable fire extinguishers was inspected at least monthly and the inspection documented since the last annual inspection date. LSC 4.6, General Requirements at 4.6.12.2 requires existing LSC features obvious to the public, such as fire extinguishers, to be maintained. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.4.2 requires at least monthly, the date of inspection and the initials of the person performing the inspection shall be recorded. In addition NFPA 10, 4-2.1 defines inspection as a quick check an extinguisher is available and will operate. This deficient practice could affect all clients, visitors and staff.</p> | K010130       | <p>Tag K 130<br/>For Tag 130 the Quality Assurance Specialist revised the monthly fire Drill form on November 3, 2014 to include checking of the fire extinguishers. All staff will be trained on the revised form by December 1, 2014. Monitoring of the inspected fire extinguishers will be done monthly by Group Home Supervisor. Quality Assurance will monitor the fire drill form monthly to ensure compliance.</p> | 11/28/2014           |

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| K01S018            | <p>Findings include:</p> <p>Based on observation with the Quality Assurance Specialist during a tour of the facility from 11:15 a.m. to 12:00 p.m. on 11/03/14, the portable fire extinguisher located in the hallway fire extinguisher cabinet bore a service inspection tag indicating the most recent annual inspection was 01/14, but monthly checks were not documented on the inspection tags for August and September, 2014. Based on interview at the time of observation, the Quality Assurance Specialist stated there is no written documentation of monthly fire extinguisher inspections for the facility other than the service inspection tags.</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door.<br/>32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 bedroom doors closed and latched into the door</p> | K01S018       | Tag K0018<br>For Tag K0018 Quality Assurance Specialist submitted a work order to maintenance on November 3,    | 11/28/2014           |

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| K01S032  | <p>frame. This deficiency could affect the client who resided in the northwest bedroom.</p> <p>Findings include:</p> <p>Based on observation with the Quality Assurance Specialist during a tour of the facility from 11:15 a.m. to 12:00 p.m. on 11/03/14, the springloaded hinges on the northwest bedroom door failed to close the door with enough force to securely latch into the door frame. Interview with the Quality Assurance Specialist during the observation confirmed the door did not latch securely into the frame.</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room is not exposed to living areas and kitchens.</p> <p>Exception: Buildings equipped with quick-response or residential sprinklers throughout. Standard response sprinklers are permitted for use in hazardous areas in accordance with 33.2.3.2. 32.2.2.2.2</p> <p>Based on observation and interview, the facility failed to provide a primary means of escape which was not exposed to living areas and the kitchen for 3 of 3 clients in this Slow rated facility. This deficient practice could affect all three clients in the facility.</p> | K01S032   | <p>2014. Maintenance inspected the doors on November 4, 2014. The bedroom door will be replaced by November 28, 2014. The fire barrier doors will be repaired by November 28, 2014 Monitoring of doors will be done by Group Home Supervisor weekly for 60 days. Ongoing monitoring will be completed monthly by Quality Assurance Specialist</p> <p>Tag K0032<br/>For Tag K0032 Quality Assurance Specialist submitted a work order to maintenance on November 3, 2014. Maintenance inspected the doors on November 4, 2014. The bedroom door will be replaced by November 28, 2014. The fire barrier doors will be repaired by</p> | 11/28/2014           |   |

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|  | Findings include:<br><br>Based on observation with the Quality Assurance Specialist during a tour of the facility from 11:15 a.m. to 12:00 p.m. on 11/03/14, the two smoke barrier doors that separated the hallway and the 4 sleeping rooms from the living room, dining room/office and kitchen self closed when the door closer's were tested but did not latch into their frames. Based on interview at the time of observation, the Quality Assurance Specialist acknowledged the smoke barrier doors did not latch into their frames. |   | November 28, 2014. Monitoring of doors will be done by Group Home Supervisor weekly for 60 days. Ongoing monitoring will be completed monthly by Quality Assurance Specialist |   |  |   |  |