

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G148	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/01/2012
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NAME OF PROVIDER OR SUPPLIER  CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 S COUNTRYBROOK MONTICELLO, IN 47960
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
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: 11/01/12</p> <p>Facility Number: 000684 Provider Number: 15G148 AIM Number: 100243120</p> <p>Surveyor: Bridget Brown, 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 not sprinklered. The facility has a fire alarm system with smoke detection in corridors, client</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>rooms and common living areas. The facility has the capacity for 7 and had a census of 6 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 2.7.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/02/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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KS032	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 ensure the primary means of escape from 3 of 4 sleeping rooms was not exposed to the living and kitchen areas in a nonsprinklered facility with a Slow rated evacuation capacity. This deficient practice affects 5 clients in the west sleeping room hall.</p> <p>Findings include:</p> <p>Based on observation with the house manager on 11/01/12 at 1:50 p.m., the self closing door separating the primary means of escape for the west sleeping rooms and the kitchen and living room had a damaged frame, trim, and latch. The latch did not work to keep the door closed when tested twice to test the reliability of the latch. The door could be</p>	KS032	In response to tag K 5032 the group home Assistant Coordinator submitted a work order to have the door replaced. Maintenance department received an estimate with an installation date of December 3, 2012. To maintain that the group home doors are in working order the Group Home Supervisor will monitor by visually and manually testing all doors at the group home at least monthly. Group Home Assistant Coordinator will also check that the doors are all in a working fashion upon the monthly inspection of the home.	12/03/2012	

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	<p>pushed open without turning the doorknob. The house manager said at the time of observation, the door was due to be replaced. No date was set.</p>			