

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G651 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/02/2014 |
|--|---|--|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>CARDINAL SERVICES INC OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE<br>628 ROSS AVE<br>WARSAW, IN 46580 |
|--|---|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

|         |  |         |  |  |
|---------|--|---------|--|--|
| 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: 12/2/14</p> <p>Facility Number: 001181<br/>Provider Number: 15G651<br/>AIM Number: 100234730</p> <p>Surveyor: Brett Overmyer, 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>The one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> | K010000 |  |  |
|---------|--|---------|--|--|

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.

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G651 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/02/2014 |
|--|---|--|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>CARDINAL SERVICES INC OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE<br>628 ROSS AVE<br>WARSAW, IN 46580 |
|--|---|

| (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 |
|--------------------|---|---------------|--|----------------------|
| K01S046            | <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 0.66.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/08/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i)<br/>LIFE SAFETY CODE STANDARD<br/>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation, the facility failed to ensure 1 of 1 emergency generator hard wired into the facilities electrical system was being maintained. LSC 33.2.5.1 requires that utilities comply with Section 9.1. LSC 9.1.3 requires emergency generators where required for compliance of this code, shall be tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. This deficient practice affects all clients.</p> <p>Findings include:</p> | K01S046       | <p>K0046</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>LSC 33.2.5.1 requires that utilities comply with generators where required for compliance of this code, shall be tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>The maintenance department has immediately implemented weekly,</p> | 12/15/2014           |

|  |   |   |   |   |  |   |  |
|--|---|---|---|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G651 |   | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____              |  | X3) DATE SURVEY COMPLETED<br><br>12/02/2014 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>CARDINAL SERVICES INC OF INDIANA |   |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>628 ROSS AVE<br>WARSAW, IN 46580 |  |   |  |
| (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  |  |   |  |
|  | Based on observation with the resident manager and telephone call to maintenance director on 12/2/14 at 11:10 a.m., an emergency generator was hardwired into the homes electrical system. The emergency generator was listed as a 1300 watt, 108.3 / 54.1 Amp, Natural Gas generator and has a transfer switch that switches to emergency power once the main electrical system in off line. Based on interviews with the resident manager and a telephone call to the maintenance director, there was no documentation of weekly, monthly or load calculations and test. The residential manager and the maintenance director acknowledged the aforementioned deficiency. |   | monthly, and quarterly inspections to ensure compliance with these standards for all generators.<br><br>Maintenance Manager Responsible |   |  |   |  |