

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G557	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 617 LOON CT PLYMOUTH, IN 46563
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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: 001071 Provider Number: 15G557 AIM Number: 100245470</p> <p>Surveyors: Joe L. Brown, Jr., Life Safety Code Specialist &amp; Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Life Safety Code survey, Cardinal Services Inc. of Indiana was not found 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, and hard wired smoked detectors in the client sleeping rooms and common living areas. 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 Slow with an E-Score of 1.65.</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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KS046	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical extension cords was not used as a substitute for fixed wiring. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice had the potential to affect 1 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with the Direct Service Provider during a tour of the facility from 11:00 a.m. to 1:30 p.m. 01/09/13, the south sleeping room had a five foot extension cord connected to a power strip which was in use for a television, and a radio. Based on</p>	KS046	<p>Utilities comply with Section 9.1 32.2.5.1, 33.2.5.1 The power strip used for the connection of a television and radio has been removed. The power strip's connecting cord was long, which was part of the power strip and not viewed as an extension cord.</p> <p>On a quarterly basis the Service Coordinator is responsible for ensuring extension cords are not used in the home. This is documented through the use of a 'Group Home Quality Checklist' form. (See attachment A)The Service Coordinator will continue to the use of the quality check form on a quarterly basis to ensure compliance. Service Coordinator responsible.</p>	02/08/2013			

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	interview on 01/09/13 at the time of observation, the Direct Service Provider acknowledged that an extension was being used to connect a television and a radio.			

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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, National Fire Alarm Code. 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</p>	KS051	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 3/14/12. this inspection included testing of the manual pull station, photo detector, heat detector, waterflow switch, door contact, combination horn/strobe, strobe, door holder. (See attachments B-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 H-O) This documentation was in the home's Disaster Drill binder and available for review during the survey. All required inspections have occurred per regulation and it is not known where the surveyor received the information that the inspections haven't been completed since 10/17/2008.	02/08/2013	

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	<p>least annually. This deficient 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 11:00 a.m. to 1:30 p.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>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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