| 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 01/27/2012 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARDINAL SERVICES INC OF INDIANA | 617 LOON CT<br>PLYMOUTH, IN 46563 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 | | | | |
| | A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).<br><br>Survey Date: 01/27/12<br><br>Facility Number: 001071<br>Provider Number: 15G557<br>AIM Number: 100245470<br><br>Surveyor: Richard D. Schade, Life Safety Code Specialist<br><br>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. | K0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | 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 8 at the time of this survey.<br><br>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.<br><br>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/31/12.<br><br>The facility was found not in compliance with the aforementioned requirements as evidenced by: | | | |

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| KS147 | The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1 | | | |
| | Based on observation and interview, the facility administration failed to ensure employees retained instruction with respect to the operations of the fire alarm system panel to protect 8 of 8 clients. Such instruction is to be reviewed with the staff not less than every 2 months. This deficient practice affects all clients, staff and visitors in the event of an emergency.<br><br>Findings include:<br><br>Based on observation with the | KS147 | On 2/7/2012 Cardinal Service's Inc's management staff was retrained that each facility staff must know how to operate the fire alarm panel box. More specifically, management staff was re-trained that staff must know how to activate and reset the fire alarm panel. See attachment A. By 2/26/12 facility staff will be retrained on how to operate the fire alarm panel box. Additionally, each facility staff will have to demonstrate competency in operating the fire alarm system to the Residential Manager to ensure this deficiency does not occur again. See attachment B.Residential Manager and Service Coordinator Responsible | 02/26/2012 |

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| | Qualified Mental Retardation Professional (QMRP) on 01/27/12 at 3:00 p.m., three of four employees which were on duty at this home were not able to operate or reset the facility's fire alarm panel. During an alarm test the staff were not trained to use the system without having to obtain instructions from an off site source. The QMRP stated at the time of observation, she had been at the facility for three years and was not able to operate and reset the fire alarm system. | | | |