

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G101	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/06/2013
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NAME OF PROVIDER OR SUPPLIER  CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2906 N 400 E 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: 11/06/13</p> <p>Facility Number: 000639 Provider Number: 15G101 AIM Number: 100234030</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Brett Overmyer, Life Safety Code Specialist; Libby Fruth, 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 4 at the time of</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.

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	<p>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 1.76.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K01S016	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3</p> <p>Based on observations and interview, the facility failed to ensure the interior finish in 1 of 1 hallways was rated Class A or Class B for a Slow rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Health &amp; Safety Specialist during a tour of the facility from 11:00 a.m. to 12:15 p.m. on 11/06/13, wood paneling was noted in the hallway. Based on interview at the time of the observations, the Health &amp; Safety Specialist stated there was no documentation available to show the flame spread rating for the wood paneling installed in the aforementioned area was Class A or Class B or had been treated with flame retardant material.</p>	K01S016	<p>Tag K0016-Disputing this tag as the wall in the hallway was drywalled prior to painting. After surveyors left the Health &amp; Safety Specialist talked with Group Home Coordinator and Maintenance Supervisor and it was found that the wall had paneling and that was removed and dry wall was put in its place.</p>	11/30/2013

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K01S032	<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 provide a primary means of escape which was not exposed to living areas and the kitchen for 4 of 4 clients in this Slow rated facility. This deficient practice could affect all four clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Health &amp; Safety Specialist during a tour of the facility from 11:00 a.m. to 12:15 p.m. on 11/06/13, the smoke barrier door that separated the hallway and the 4 sleeping rooms from the living room and kitchen self closed when the door closer was tested but did not latch into the frame.</p> <p>Based on interview at the time of observation, the Health &amp; Safety Specialist acknowledged the smoke barrier door did not latch into the frame.</p>	K01S032	<p>Tag K0032 Upon surveyors leaving the Health &amp; Safety Specialist put a work order in for maintenance to look at the door going into the livingroom off the foyer. Work order was completed on 11-21-2013. The monitoring of all doors will be assessed for proper closure on a daily basis by group home staff. A checklist of the house inspection has been updated to include the checking of all doors to proper close.</p> <p>Monitoring will be done a weekly basis by Qualified Supervisor Staff, that doors close proper by doing a visual check of the doors. Monitoring of checklist will be done a bi-monthly basis by the Health &amp; safety Specialist.</p>	11/30/2013	

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K01S046	<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 extension cords was not used as a substitute for fixed wiring. LSC 9.1.2 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 could affect 1 of 4 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Health &amp; Safety Specialist during a tour of the facility from 11:00 a.m. to 12:15 p.m. on 11/06/13, bedroom # 4 had a television and VCR plugged into an extension cord near the window. Based on interview at the time of observation, the extension cord was acknowledged by the Health &amp; Safety Specialist.</p>	K01S046	<p>Tag K0046 Upon surveyors leaving the extension cord was removed. Asurge protected cord was put in place on 11-7-2013 by the Health &amp; Safety Specialist. The house inspection checklist was updated to include the checking of all plug ins. A visual check of the plugs will be done a weekly basis by Qualified Supervisor Staff. Monitoring to ensure all plugs are in compliance will be done bi-monthly by Qualified Supervisor Staff and/or Health &amp; Safety Specialist.</p>	11/30/2013			

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K01S150	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure 3 of 3 sets of curtains in the dining room were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice could affect all clients in the facility.</p> <p>Findings include</p> <p>Based on observation with the Health &amp; Safety Specialist during a tour of the facility from 11:00 a.m. to 12:15 p.m. on 11/06/13, three sets of window curtains were provided in the dining room which lacked documentation of flame resistance. Based on interview it was acknowledged by the Health &amp; Safety Specialist at the time of observation, the curtains were new and documentation of flame resistance for the window curtains was not available and indicated the curtains</p>	K01S150	<p>Tag K0150 Upon surveyors leaving the Health &amp; Safety Specialist contacted Goodwin Fire Equipment to see what was needed to implement safety immediately. A checklist was implemented and trained on for staff to ensure that the curtains will remain flame resistance. Group home staff removed curtains washed and dried according to label and sprayed with flame retardant agent. Monitoring of the checklist will be done by Group home Supervisor, if the curtains needed to be laundered the staff would reapply agent and chart on checklist. Group home Supervisor will be notified that the curtains have been sprayed with agent. Health &amp; Safety will monitor this also bi-monthly from house inspection checklist and Quality Inspection reports</p>	11/30/2013			

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	would be treated with a flame retardant.			

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K01S155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility did not have a complete policy to address the fire alarm system being out of service for four hours or more in a 24 hour period to protect 4 of 4 clients. This deficient practice could affect all occupants of the facility if a fire should occur while the fire alarm system was not working.</p> <p>Findings include:</p> <p>Based on a review of the "Fire Watch Policy and Procedure" with the Health &amp; Safety Specialist on 11/06/13 at 11:15 a.m., the following was noted:</p> <p>a. The policy and procedure lacked complete verbiage indicating the fire watch notification would occur when the fire alarm is out of service for "four hours or more in a 24 hour period." Instead , the policy and procedure indicated notification will occur when the fire alarm is out of service for more than four hours.</p> <p>b. The policy and procedure did not</p>	K01S155	<p>Tag K0155 Upon surveyors leaving the Health &amp; Safety Specialist updated the Fire Watch Policy and Procedure. A training of staff was done by Group Home Supervisor to ensure all staff knows how, when to implement the policy. Monitoring to ensure staff knows how to implement the policy will be done bi-monthly by Qualified Supervisor Staff. Monitoring will be done by Quality Inspections and verbal assessment of staff. Health &amp; Safety will be informed of policy needing updated as needed.</p>	11/30/2013			

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	<p>indicate the person conducting the fire watch will be trained and will perform no other duties while conducting the fire watch.</p> <p>Based on interview at the time of record review, the Health &amp; Safety Specialist acknowledged the policy and procedure lacked the verbiage of "four hours or more in a 24 hour period" and the person conducting the fire watch will be trained and will perform no other duties while conducting the fire watch.</p>			