

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G536	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2023
NAME OF PROVIDER OR SUPPLIER CARDINAL SERVICES INC OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP COD 1008 SHORT DRIVE KNOX, IN 46534		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>A Life Safety Code Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/31/23</p> <p>Facility Number: 001050 Provider Number: 15G536 AIM Number: 100245380</p> <p>At this Life Safety Code survey, Cardinal Services Inc. of Indiana was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>The one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas and heat detection in the attic. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Quality Review completed on 06/01/23</p>	E 0000		
K 0000 Bldg. 02	<p>A Life Safety Code Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/31/23</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Alyx Bates

Residential Director

06/15/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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K S351 Bldg. 02	<p>Facility Number: 001050 Provider Number: 15G536 AIM Number: 100245380</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 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>The one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and common living areas and heat detection in the attic. The facility has a capacity of 8 and had a census of 8 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 Prompt with an E-Score of 1.15.</p> <p>Quality Review completed on 06/01/23</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 NEW</p> <p>All new occupancies shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 32.2.3.5.3 using quick response or residential sprinklers.</p> <p>The system shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and shall initiate the fire alarm system in accordance with 9.6. The</p>			

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	<p>adequacy of the water supply shall be documented.</p> <p>In new occupancies up to and including four stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted. All habitable areas, closets, roofed porches, roofed decks, and roof balconies shall be sprinklered.</p> <p>In new occupancies, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, with a 30 minute water supply, shall be permitted. All habitable areas, closets roofed porches, roofed decks, and roof balconies shall be sprinklered.</p> <p>Automatic sprinklers systems in accordance with NFPA 13 and 13R are provided with electrical supervision in accordance with 9.7.2.</p> <p>Automatic sprinkler systems in accordance with NFPA 13D shall be provided with valve supervision by one of these methods:</p> <ol style="list-style-type: none"> 1. Single listed control valve that shuts off both domestic and sprinkler system, and separate shutoff for domestic system only. 2. Electrical supervision in accordance with 9.7.2. 3. Valve closure that caused the sounding of an audible signal in the facility. <p>Attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected in accordance with 9.7.1.1, by July 5, 2019.</p> <p>Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to 			

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	<p>activate the fire alarm system according to 9.6, by July 5, 2019.</p> <p>2. Protected by automatic sprinkler system according to 9.7.1.1, by July 5, 2019.</p> <p>3. Constructed of noncombustible or limited-combustible construction.</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703.</p> <p>32.2.3.5.1, 32.2.3.5.3, 32.2.3.5.4, 32.2.3.5.5, 32.2.3.5.7, 42 CFR 483.470(j)(1)(iv)</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 2 storage closets in accordance with 33.2.3.5.8 NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect approximately 2 clients.</p> <p>Findings include:</p> <p>Based on observation with the House Manager on 05/31/23 between 12:26 p.m. to 12:45 p.m., the closets in bedrooms #3 and #4 of the facility had boxes and storage within 4 inches of the sprinkler head. Based on interview at the time of observation, the House Manager acknowledged the aforementioned sprinkler heads were obstructed and did would reorganize the closets.</p> <p>Findings were discussed with the House Manager at exit conference.</p>	K S351	<p>On 6/14/23 the DSP's and Residential Supervisor were retrained on the regulation guideline that there cannot be any items placed within a minimum of 18 inches from the sprinkler system.</p> <p>The items that were impending the sprinkler system were removed on 6/14/23.</p> <p>To ensure this deficiency does not occur again, the Residential Supervisor and QDP will do random checks of the areas around the sprinkler system until competency is demonstrated.</p> <p>Residential Supervisor and QDP responsible.</p>	06/15/2023

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K S363 Bldg. 02	<p>NFPA 101</p> <p>Corridor - Doors</p> <p>Corridor - Doors</p> <p>Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> 1. Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. 2. No doors shall be arranged to prevent the occupant from closing the door. 3. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5. <p>Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15.</p> <p>33.2.3.6.4, 32.7.7</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 sleeping room doors were capable of resisting smoke and provided with mechanisms suitable for keeping the doors closed. This deficient practice affects 1 of 8 clients.</p> <p>Findings include:</p> <p>Based on observations with the House Manager on 05/31/23 from 12:26 p.m. to 12:45 p.m., the corridor door to client sleeping room #4 failed to latch into the door frame when tested three times. Based on interview at the time of observation, the House Manager agreed that the door could not latch into the frame when tested and would submit a work order to maintenance.</p> <p>Findings were discussed with the House Manager at exit conference.</p>	K S363	<p>On 6/14/23 the DSP's and Residential Supervisor were retrained on the importance of having properly functioning doors, including the latches.</p> <p>Furthermore, they were retrained on the importance of contacting the maintenance department immediately with any concerns about the functioning of the door.</p> <p>The maintenance team will have the latches repaired by 6/23/2023.</p> <p>Maintenance team and Residential Supervisor responsible.</p>	06/23/2023

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K S741 Bldg. 02	<p>NFPA 101</p> <p>Smoking Regulations</p> <p>Smoking Regulations</p> <p>Smoking regulations shall be adopted by the administration of board and care occupancies. Where smoking is permitted, noncombustible safety type ashtrays or receptacles shall be provided in convenient locations.</p> <p>32.7.4.1, 32.7.4.2, 33.7.4.1, 33.7.4.2</p> <p>Based on observation and interview, the facility failed to ensure cigarette butts were properly disposed of at 1 of 1 areas where cigarettes were smoked. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation on 05/31/23 between 12:26 p.m. and 12:45 p.m. during a tour of the facility with the House Manager, there were approximately 10 cigarette butts on the ground at the smoking area at the front of the house. Based on interview at the time of observation, the House Manager acknowledged the aforementioned condition and stated proper disposal equipment is provided at the smoking area.</p> <p>Findings were discussed with the House Manager at exit conference.</p>	K S741	<p>On 6/15/23 the DSP's and Residential Supervisor were retrained on the importance of keeping the smoking station clear from debris of loose cigarette butts. The staff were retrained that they should teach, train, and educate the clients on using the smoking station, but that ultimately it is their responsibility to ensure tidiness.</p> <p>To ensure this deficiency does not occur again, the clients that smoke were reminded of the requirements of the smoking station. The Residential Supervisor will check the smoking station area at the start of each shift.</p> <p>Residential Supervisor responsible.</p>	06/15/2023