

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G189	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER CHILD ADULT RESOURCE SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP COD 220 S COLLEGE ST ROCKVILLE, IN 47872		
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 12/13/22</p> <p>Facility Number: 000721 Provider Number: 15G189 AIM Number: 100248840</p> <p>At this Emergency Preparedness survey, Child Adult Resource Services Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 12/15/22</p>	E 0000		
K 0000 Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 12/13/22</p> <p>Facility Number: 000721 Provider Number: 15G189 AIM Number: 100248840</p> <p>At this Life Safety Code survey, Child Adult</p>	K 0000		

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

TITLE

(X6) DATE

Basil

Weinman

01/09/2023

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 S353 Bldg. 02	<p>Resource Services Inc. 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 33, Existing Residential Board and Care Occupancies.</p> <p>This two-story building with a full basement was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors, all living areas and all sleeping rooms, as well as heat detectors located within the unused attic space. The facility has a capacity of 8 and had a census of 6 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 0.24.</p> <p>Quality Review completed on 12/15/22</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems</p>			

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	<p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 			

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	<p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>B. Show who provided the service.</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.)</p> <p>33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review, observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and/or inspected in accordance with NFPA 25. NFPA 25, Section 14.2.1 states, Except as discussed in 14.2.1.1 an 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Group Home Manager on 12/13/22 from 10:35 a.m. to 11:44 a.m., wet-pipe sprinkler inspection documentation dated 07/07/2022 noted '5 year internal' in the deficiency section. Sprinkler inspection documentation dated 10/10/2022 did not note '5 year internal' as a deficiency. Based on interview</p>	K S353	<p>On 1/3/2023 Koorsen Fire & Security Agency completed a 5 Year Internal Pipe inspection and test for Facility #000721. This inspection / test was completed in accordance to NFPA 25.</p> <p>Effective Immediately – C.A.R.S. Maintenance will complete an inspection on Facility #000721 (and all other group homes) on a monthly basis. If issues are found, C.A.R.S. Maintenance will contact the Director of Operations so that the issue can be addressed in a timely manner.</p> <p>Effective Immediately – Director of Operations will schedule Koorsen Fire & Safety Agency to inspect and test all C.A.R.S. group home's sprinkler system in accordance to NFPA 25 – these inspections / tests will be scheduled accordingly... quarterly,</p>	01/03/2023

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K S363 Bldg. 02	<p>at the time of record review, the Group Home Manager stated she was not certain that a 5 year internal pipe inspection has been conducted, and there is no documentation to review at the time of the survey. Based on observation with the Group Home Manager on 12/12/22 during a tour of the facility, steel sprinkler piping was observed in the basement.</p> <p>This finding was reviewed with the Group Home Manager at the exit conference.</p> <p>NFPA 101 Corridor - Doors Corridor - Doors 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 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 <p>Based on observation and interview, the facility failed to ensure all sleeping room doors were capable of resisting smoke and provided with mechanisms suitable for keeping the doors closed. This deficient practice affects 1 of 6 clients.</p> <p>Findings include:</p> <p>During a facility tour with the Group Home</p>	K S363	<p>yearly, every 5 years, etc.</p> <p>On 12/13/2022 – C.A.R.S. Maintenance completed an inspection and adjusted JT's bedroom door due to the door not properly latching. This issue has now been fixed.</p> <p>Effective Immediately – C.A.R.S. Maintenance, House Manager and Quality Assurance Coordinator will</p>	12/29/2022

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K S511 Bldg. 02	<p>Manager on 12/13/22 from 11:44 a.m. to 12:02 p.m., the sleeping room door occupied by client JT would not latch into the frame when tested several times. Based on interview at the time of observation, the Group Home Manager agreed that the door did not latch into the frame.</p> <p>This finding was reviewed with the Group Home Manager at the time of exit.</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Group Home Manager on 12/13/22 at 11:50 a.m., a power strip was plugged into another power strip that was plugged into an outlet in JN's sleeping room. Based on interview at the time of observation, the Group Home Manager confirmed a power strip</p>	K S511	<p>continue to complete weekly / monthly house inspections on facility #000721 (and all other group homes). C.A.R.S. Maintenance, House Manager and Quality Assurance Coordinator will ensure that all doors within the house are able to open / close / latch properly. If issues are found, Director of Operations will be contacted so that the issue can be addressed in a timely manner.</p> <p>On 12/13/2022 – House Manager removed the power strip that was plugged into another power strip in JN's bedroom. Effective Immediately – C.A.R.S. Maintenance, House Manager and Quality Assurance Coordinator will continue to complete weekly / monthly house inspections on facility #000721 (and all other group homes). C.A.R.S. Maintenance, House Manager and Quality Assurance Coordinator will ensure that power strips are being utilized correctly and that power strips are not plugged into other power strips. If issues are found, the issue will be corrected</p>	12/29/2022

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K S712 Bldg. 02	<p>was plugged into another power strip, and removed the power strip at the time of observation.</p> <p>The finding was reviewed with the Group Home Manager during the exit conference.</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and e. During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. <p>3. Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to conduct 1 of 12 quarterly shift fire drills in accordance with 42 CFR 483.470(i), which states</p>	K S712	immediately or the Director of Operations will be contacted so that the issue can be addressed in a timely manner.	12/29/2022

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	<p>the following:</p> <p>(1) The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks.</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.</p> <p>Due to the COVID-19 Public Health Emergency, documented training may be used in lieu of fire drills, as allowed.</p> <p>This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>During record review with the Group Home Manager on 12/13/22 from 10:35 a.m. to 12:02 p.m., the facility could not provide fire drills or allowed training documentation for the Second Shift of first quarter (January, February, March) of 2022. Based on interview at the time of record review, the Group Home Manager agreed the fire drill or training documentation for the second shift of first quarter was missed and documentation was not available to review at the time of the survey.</p> <p>This finding was reviewed with the Group Home Manager at the exit conference.</p>		<p>for all C.A.R.S. group homes to follow on a monthly basis. This updated drill schedule went into effect on 6/1/2022. This updated drill schedule is set up to reflect 1st shift, 2nd shift and 3rd shift time frames for each quarter under varied conditions.</p> <p>On 5/26/2022 – Quality Assurance Coordinator reviewed the updated drill schedule during the Management Team Meeting with all House Managers.</p> <p>Effective immediately – Quality Assurance Coordinator will complete a review on a monthly basis to ensure all scheduled drills are being conducted at all 4 group homes. Quality Assurance Coordinator will ensure drills are being completed at least quarterly for each personnel shift and under varied conditions.</p> <p>Quality Assurance Coordinator will complete and distribute a report regarding any discrepancies found during the review. The report will be sent to the CEO, Director of Operations and the House Manager. The House Manager will be responsible to correct any discrepancies within 30 days of the report. Quality Assurance Coordinator will return the following month to complete another review (and) to ensure discrepancies from the previous month have been corrected.</p>	