

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

PRINTED: 05/22/2025  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>15G189 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 02<br><br>B. WING _____                    | (X3) DATE SURVEY<br>COMPLETED<br><br>03/18/2024  |                            |
|---|--|---|--|--|----------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br>CHILD ADULT RESOURCE SERVICES INC |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>220 S COLLEGE ST<br>ROCKVILLE, IN 47872 |  |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |
| E 000   | <p>Initial Comments</p> <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 03/18/24</p> <p>Facility Number: 000721<br/>Provider Number: 15G189<br/>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 eight certified beds. All eight beds are certified for Medicaid. At the time of the survey, the census was seven.</p> <p>Quality Review completed on 03/21/24</p> <p>INITIAL COMMENTS</p> |   | E 000  |  |                            |
| K 000   | <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: 03/18/24</p> <p>Facility Number: 000721<br/>Provider Number: 15G189<br/>AIM Number: 100248840</p> <p>At this Life Safety Code survey, Child Adult Resource Services Inc. was found in compliance with Requirements for Participation in Medicaid,</p>   |   | K 000  |  |                            |

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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|--|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHILD ADULT RESOURCE SERVICES INC</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>220 S COLLEGE ST<br/>ROCKVILLE, IN 47872</b>                             |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
| K 000  | <p>Continued From page 1</p> <p>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>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 eight and had a census of seven 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 0.40.</p> <p>Quality Review completed on 03/21/24</p> | K 000  |  |  |