

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

PRINTED: 10/29/2024  
FORM APPROVED  
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G141 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING -- _____<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>10/07/2024 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>PUTNAM COUNTY COMPREHENSIVE SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP COD<br>914 TENNESSEE ST<br>GREENCASTLE, IN 46135 |
|--|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 |
|--------------------|--|---------------|---|----------------------|
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| E 0000<br><br>Bldg. -- | An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.<br><br>Survey Date: 10/07/24<br><br>Facility Number: 000678<br>Provider Number: 15G141<br>AIM Number: 100234430<br><br>At this Emergency Preparedness survey, Putnam County Comprehensive Services Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.<br><br>The facility has six certified beds. At the time of the survey, the census was six.<br><br>Quality Review completed on 10/09/24 | E 0000 |  |  |
| K 0000<br><br>Bldg. 02 | A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).<br><br>Survey Date: 10/07/24<br><br>Facility Number: 000678<br>Provider Number: 15G141<br>AIM Number: 100234430<br><br>At this Life Safety Code survey, Putnam County Comprehensive Services Inc. was found not in   | K 0000 |  |  |

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|---|----------------------|------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE                | (X6) DATE  |
| Josi Blanton  | Residential Director | 10/24/2024 |

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 S712<br><br>Bldg. 02 | <p>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 one story facility was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms, and common living areas and heat detection in the attic. The facility has a capacity of six and had a census of six 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 .68.</p> <p>Quality Review completed on 10/09/24</p> <p>NFPA 101<br/>Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills for 1 of 4 quarters. LSC 33.7.3 states "Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6. This deficient practice affects all clients and staff.</p> <p>Findings include:</p> <p>Based on records review with the Residential House Manager on 10/07/24 at 11:17 a.m., documentation of a fire drill conducted on the day shift and second shift in the third quarter (July, August, September) of 2024 could not be provided to review. Based on interview at the time of record review, the Residential House Manager</p> | K S712 | Following the deficient practice, RHM, Cheryl Evans, has since created a quarterly schedule of all evacuation drills for each shift. (See attachment #1) All clients residing in the home have the potential to be affected by the deficient practice. PCCS staff will follow quarterly fire drill schedule and ensure that all drills are completed as outlined and under varied conditions; all completed drills will be reviewed by PCCS Compliance Officer, Mary Vance. Systemic Changes will be completed by October 25th, 2024. | 10/25/2024 |
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|  | checked records for fire drills and was unable to<br>locate any at the time of the survey and confirmed<br>a day and second shift fire drills were missing<br>from the third quarter.<br><br>This finding was reviewed with the Residential<br>House Manager during the exit conference. |   |  |                            |  |