

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G180	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2014
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 4420 WOODSTOCK DR FORT WAYNE, IN 46815
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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: 12/17/14</p> <p>Facility Number: 000713 Provider Number: 15G180 AIM Number: 100243170</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Easter Seals Arc of Northeast Indiana 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>The one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors and common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p>	K010000		
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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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K010130	<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 3.5.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/23/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 helium cylinders were properly restrained. NFPA 99, Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of Section 4-3.5.2.1(b) 27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on observation and interview on 12/17/14 at 11:05 a.m., the Maintenance</p>	K010130	<p>The helium cylinders in the garage will be chained in a cylinder stand or cart</p> <p>Person Responsible: Maintenance Supervisor</p> <p>Completion Date: January 16, 2015</p> <p>The helium cylinders will be checked for proper restraint during each monthly preventative maintenance check</p>	01/16/2015

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K01S150	<p>Supervisor acknowledged the two unsupported large helium cylinders stored in the garage should be properly restrained.</p> <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 loose hanging fabric in 1 of 4 sleeping rooms was 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 Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects 1 clients.</p> <p>Finding include:</p> <p>Based on observation with Maintenance Supervisor on 12/17/14 at 11:50 a.m., a nylon tent with a mattress inside was on top of the bed in client #1215's bedroom. Based on interview with Maintenance Supervisor at the time of observation, no documentation was available to confirm</p>	K01S150	<p>Person Responsible: Maintenance Supervisor</p> <p>The loose fabric in the bedrooms will be treated with flame retardant spray. Documentation will be kept at the home demonstrating that it meets the NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films Person Responsible: Maintenance Supervisor Completion Date: January 16, 2015 The tent will be treated with flame retardant spray. Documentation will be kept at the home demonstrating that it meets the NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films Person Responsible: Maintenance Supervisor Completion Date: January 16, 2015 Loose hanging fabric will be checked for flame retardant documentation during each monthly preventative maintenance check Person Responsible: Maintenance Supervisor</p>	01/16/2015

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K01S155	<p>the nylon tent was flame resistant.</p> <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 Based on record review and interview, the facility failed to protect 6 of 6 clients by providing a written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review and interview on 12/17/14 at 10:37 a.m., the Director Support Professional was unable to locate the facility written policy and procedure for an impaired fire alarm system.</p>	K01S155	<p>The supportedliving's standard operating procedures will be updated to include a fire watchpolicy that states that if the fire alarm is impaired for 4 hours, staff willconduct a fire safety check every 15 minutes until the fire alarm is repaired.While doing a fire safety check, staff will check every room in the house forsigns of smoke or fire. Staff will also walk the perimeter of the home checkingfor signs of fire while clients are home. Person conducting the fire watchshall be properly trained prior to conducting a fire watch and assigned noother duties. The authority(s) havingjurisdiction including the Indiana State Department of Health and the local firedepartment will be notified.</p> <p>PersonResponsible: Assistant Director CompletionDate: January 16, 2015</p>	01/16/2015	

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			The grouphome will have a copy of the standard operating procedures available in the home for staff use PersonResponsible: House Supervisor CompletionDate: January 16, 2015		