

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G220	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/18/2016
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4700 HITE DR BLOOMINGTON, IN 47408
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(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
K 0000 Bldg. 01	<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: 04/18/16</p> <p>Facility Number: 000744 Provider Number: 15G220 AIM Number: 100234860</p> <p>At this Life Safety Code survey, Stone Belt ARC 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>This one story facility with a lower level was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels including the corridors, five of six sleeping rooms, the dining room, and the west living room. 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</p>	K 0000		

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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K S051 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.64.</p> <p>Quality Review completed on 04/21/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No. 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 1 fire alarm systems actuated when tested. LSC 33.2.3.4.1 refers to 9.6. LSC 9.6.3.2 requires occupant notification of the fire alarm system shall be by audible and visible signals. 9.6.3.7 requires the general evacuation alarm signal to operate throughout the entire building. This deficient practice could affect all clients, as well as staff and visitors.</p> <p>Findings include:</p>	K S051	<p>Corrective action forresident(s) found to have been affected Coordinator contacted Central Security to re-set fire alarm How facility will identifyother residents potentially affected & what measures taken All residents potentially areaffected, and corrective measures address the needs of all clients. Measures or systemicchanges facility put in place to ensure no recurrence Coordinator will train staff to re-set fire alarm and/or contact Central Security if problems persist How corrective actions</p>	05/18/2016

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K S152 Bldg. 01	<p>Based on observation on 04/18/16 at 11:35 a.m. with the Coordinator, the fire alarm system control panel had the following indicator lights illuminated: Fire Alarm (red), and Alarm Silenced (yellow), plus, the display panel read "Alarm: Pull Station" and "Zone 1". When testing the fire alarm system with the pull station in the lower level the alarm system did not activate, furthermore, when testing the pull station near the front door the alarm system did not activate. When the Coordinator attempted to reset the fire alarm panel the audible alarm would activate and return to a trouble mode. This was acknowledged by the Coordinator at the time of observation and testing of the alarm. During review of fire drills at 11:55 a.m. the most recent fire drill was conducted on 04/02/16 at 11:38 a.m.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least</p>		willbe monitored to ensure no recurrence Fire box will be checked by staff during scheduled fire drills and documented next to fire drill documentation				

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	<p>one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) 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> <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>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 04/18/16 at 11:55 a.m. with the Coordinator present, six of six, third shift (night) fire drills performed during the past twelve months were held between 10:01 p.m. and 10:42 p.m.</p> <p>Based on interview at the time of record review the Coordinator acknowledged the times of the third shift fire drills were not varied.</p>	K S152	<p>Corrective action for resident(s) found to have been affected</p> <p>Staff will be trained on fire drill policy, including the importance of doing drills at different times</p> <p>How facility will identify other residents potentially affected & what measures taken All residents potentially are affected, and corrective measures address the needs of all clients. Measures or systemic changes facility put in place to ensure no recurrence Drills will be scheduled with specific times for staff to follow, documented by staff in house</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Coordinator will monitor times of drills monthly and document compliance</p> <p>Coordinator</p>	05/18/2016			