

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/06/2011
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NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN46030
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/06/11</p> <p>Facility Number: 000730 Provider Number: 15G580 AIM Number: 100272190</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Arcadia Developmental Center was found not in compliance with Requirements for Participation in Medicare/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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This existing one story facility was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and all areas not separated from the corridor. The facility has a capacity of 60 and had a</p>	K0000	<p>By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. _____</p> <p>_____ Beverly Sayre Cowart, Administrator</p>	
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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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K0021	<p>census of 57 at the time of this visit.</p> <p>In 2008, the facility added a 2000 square foot Recreation Room to be used by the clients. The building construction type of the Recreation Room was determined to be Type V (000) and attached to the existing building but separated by a 2 hour fire barrier. The Recreation Room addition was surveyed with NFPA 101, LSC, Chapter 12, New Assembly Occupancies.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/12/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p>			
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	<p>Based on observation and interview, the facility failed to ensure 2 of 2 rolling fire doors in the opening between the kitchen and the Main Dining room are held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect any clients, staff and visitors in the vicinity of the Main Dining room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 12:20 p.m. on 10/06/11, the kitchen adjoins the Main Dining room and two serving windows from the adjoining kitchen each have a rolling fire door equipped with a fusible link. The serving window rolling fire doors do not close upon activation of the fire alarm system. The Main Dining room was not separated from the corridor because there are no entry doors to the Main Dining room from the corridor. Based on interview at the time of observation, the Maintenance Supervisor stated the two rolling fire doors do not close upon activation of the fire alarm system and acknowledged the Main Dining room is open to the corridor.</p> <p>3.1-19(b)</p>	K0021	The 2 of 2 rolling fire doors in the opening between the kitchen and the Main dining room are being replaced with fire rated doors. In the future, the fire rated doors will close upon activation of the fire alarm system. At the present time we have no other rolling doors within the facility. The doors will be monitored per the maintenance department when the fire alarm is activated at time of fire drills and actual fire alarms. (see attachment A) Safe Care Systems will install the doors by 10/31/11 Maintenance will monitor for completion and proper operation. Completion date 10/31/11	10/31/2011	

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K0048	<p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in the written fire safety plan for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any resident, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire disaster plan labeled "ADC Fire Plan" for Arcadia Developmental Center with the Maintenance Supervisor during record review from 9:30 a.m. to 10:50 a.m. on 10/06/11, the fire disaster plan did not</p>	K0048	<p>The "Arcadia Developmental Center Fire Plan" has been reviewed and revised to address the use of the K class fire extinguisher and the use of the ABC type fire extinguisher, in the kitchen in relation with the use of the kitchen overhead extinguishing system. The Maintenance Supervisor will in-service the staff on how to activate the overhead system to surpress a fire. An in-service will be completed bi-annually in Oct. and March. Any new dietary staff will be in-serviced at time of hire. Maintenance is responsible. Dietary Manager will monitor completion date 10/31/11.</p>	10/31/2011

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K0052	<p>address the use of the ABC type fire extinguishers and the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on an interview at the time of record review, the Maintenance Supervisor acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K class fire extinguisher.</p> <p>3.1-19(b)</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 10 manual fire alarm pull station boxes was unobstructed and readily accessible. NFPA 72, National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path</p>	K0052	The manual fire alarm pull station box for the emergency exit by Room 36 was located in an exit foyer. The door does have a door alarm system however, it is not mechanically locked, the key pad at the door only sounds an alarm when the key pad is not used. The door is not locked at any point in time. However, maintenance has moved the alarm pull from the foyer to the	10/28/2011	

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	<p>of exit from the area. This deficient practice could affect clients, staff and visitors if needing to exit the facility from the exit by Room 36.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 12:20 p.m. on 10/06/11, the manual fire alarm pull station box for the emergency exit by Room 36 was located in an exit foyer accessed through a magnetically locked door. Activation of the pull station would automatically disengage the magnetically locked door, however, access to the pull station required unlocking the foyer access door at the exit with a keypad access code which would delay alarm notification to facility occupants. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the location of the manual fire alarm box at the facility exit by Room 36 was in a magnetically locked foyer and not readily accessible.</p> <p>3.1-19(b)</p>		<p>hallway. The alarm pull will be in-serviced on 10/28/11. The alarm pull was moved on 10/10/11.Maintenance is responsible.Administrator will monitor.Completion date 10/28/11</p>		

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K0067	<p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure egress corridors were not used as a portion of a return air system serving adjoining rooms for 3 of 45 rooms. LSC 19.5.2.1 requires air conditioning, heating, ventilating ductwork and related equipment to be installed in accordance with NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilating Systems. NFPA 90A, 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect all clients, staff and visitors if the modifications had not been made.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 12:20 p.m. on 10/06/11, the following rooms were using the egress corridor as a return air system: Group 5 and Group 6 training classrooms and the Supervisor's room near the Group 5 and Group 6 classrooms. The facility has modified the HVAC (Heating, Ventilation, and Air</p>	K0067	Airmaster Heating and Cooling of Indianapolis has modified the HVAC (heating, ventilation, and air conditioning) system so activation of the fire alarm system will stop the supply air fans. Additionally, the supply air fans have duct detectors located down stream of all air filters that when activated shut down the fans' operation. A new furnace/air conditioning unit was installed for groups 5 & 6 as well as the above mentioned system. (see attachment (c). Maintenance department will be responsible for the 4 year check on the system and to make sure all is working properly at the time of the fire drills when the alarms are activated. Administrator will monitor. Completion 10/10/11	10/10/2011	

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	<p>Conditioning) system so activation of the fire alarm system will stop the supply air fans. Additionally, the supply air fans have duct detectors located downstream of the air filters that when activated, shut down the fans' operation. Based on interview at the time of observation, the Maintenance Supervisor stated the facility is in the process of redirecting the supply and return for the HVAC systems serving the Group 5 and Group 6 training classrooms and the Supervisor's room and acknowledged the egress corridor near these rooms is currently being used as a portion of a return air system.</p> <p>3.1-19(b)</p>				