

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 713 E MILLER DR BLOOMINGTON, IN 47401
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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: 07/11/13</p> <p>Facility Number: 000876 Provider Number: 15G362 AIM Number: 100249160</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist and Steven Schwing, Life Safety Code Trainee</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 basement was sprinklered on the first floor only. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of eight and</p>	K010000		

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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	<p>had a census of seven at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-score of 1.44.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/16/13.</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure 1 of 3 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and clients if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation 07/11/13 at 1:32 p.m. with the Home Coordinator, the facility has three battery powered emergency lights. All battery powered emergency lights illuminated when the</p>	K010130	<p>K130</p> <p>LIFE SAFETY CODE STANDARD</p> <p>Plan of Correction:</p> <p>Stone Belt will ensure that all interior emergency lights are tested and recorded on a monthly basis. In addition and annual test for not less than 1 ½ hours will be completed.</p> <p>Responsible Person:</p> <p>Miller Program Coordinator/House Manager</p> <p>Date of Completion:</p>	08/10/2013			

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	test button was pressed but there was no documentation to indicated a thirty second monthly test or ninety minute annual test. Based on interview concurrent with the test with the Home Coordinator it was acknowledged the facility does not perform a thirty second monthly check or an annual ninety minute test for each battery powered light.		<p>August 10, 2013</p> <p>Plan of Prevention:</p> <p>The Stone Belt form (Attachment # 1) will be adapted to include the monthly checking of emergency lights. This form will be located in the electronic record keeping system (Fortis) and a copy will be maintained in the home.</p> <p>Quality Assurance Monitoring:</p> <p>Miller Program Coordinator will review the form on a monthly basis before it is entered into electronic system. Coordinator will make sure all testing is complete.</p>		

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K01S051	<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 and interview, the facility failed to ensure 1 of 2 levels was provided with manual fire alarm boxes. LSC 9.6.2.3 requires manual fire alarm boxes shall be provided near the natural path to exit an area. This deficient practice affects all occupants in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/11/13 at 1:45 p.m., the basement was not provided with a manual fire alarm box. Based on interview with the House Coordinator on 07/11/13 concurrent with the observation it was acknowledged a manual fire alarm box was not provided for the basement.</p>	K01S051	<p>K0051</p> <p>LIFE SAFETY CODE STANDARD</p> <p>Plan of Correction:</p> <p>Stone Belt will ensure that a manual fire alarm box is provided near the natural path to exit an area.</p> <p>Specifically, there has never been a manual fire alarm box in the</p>	08/10/2013			

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			<p>basement of Miller House. It is only used for storage as it has been since construction.</p> <p>Responsible Person:</p> <p>Miller Program Coordinator/House Manager/Stone Belt Maintenance</p> <p>Date of Completion:</p> <p>August 10, 2013</p> <p>Plan of Prevention:</p> <p>Stone Belt Maintenance staff have been notified to install a manual fire alarm box in the basement.</p> <p>Quality Assurance Monitoring:</p> <p>House Manager and Miller</p>		

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			Program Coordinator will place the new fire alarm box into the rotation of drills and inspections.		

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>						

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>						

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observation, record review and interview, the facility failed to ensure the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observation and review of the</p>	K01S056	<p>K0056</p> <p>LIFE SAFETY CODE STANDARD</p> <p>Plan of Correction:</p> <p>Stone Belt will ensure that the sprinkler system is maintained in accordance with given standards. Stone Belt Maintenance will properly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard.</p> <p>Responsible Person:</p>	08/10/2013			

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	<p>"Sprinkler System Inspection Report" dated 05/08/13 on 07/11/13 with the Home Coordinator at 2:45 p.m., the "Explanation of No Answers" section indicated the following:</p> <p>a. The sprinkler system did not have a hydraulic nameplate.</p> <p>b. The globe valve in the basement was not secured.</p> <p>c. The copper/black pipe in the basement was leaking</p> <p>d. The sprinkler gauge had a manufacturer's date of 1995 and no record was available to indicate it had been replaced or calibrated in the last five years.</p> <p>Furthermore, the sprinkler pipe in the attic above the ceiling of the washer closet was unsupported allowing the sprinkler head and protective escutcheon to dangled below the ceiling. Based on interview at the time of record review, the Home Coordinator acknowledged the hydraulic plate had not been addressed and the sprinkler pipe was unsecured.</p>		<p>Miller Program Coordinator/House Manager/Stone Belt Maintenance</p> <p>Date of Completion:</p> <p>August 10, 2013</p> <p>Plan of Prevention:</p> <p>Stone Belt Maintenance staff have repaired the "recommendations presented by the contractor during the annual inspection. (Attachment # 2)</p> <p>Quality Assurance Monitoring:</p> <p>SGL Director and Maintenance Supervisor will review all annual inspections to ensure recommendations are addressed.</p>		

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