

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G074	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/22/2011
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5924 ABBOTT ST FORT WAYNE, IN46816
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K0000	<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: 11/22/11</p> <p>Facility Number: 000618 Provider Number: 15G074 AIM Number: 100233730</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</p>	K0000		

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>detection in the corridors, common living areas and hard wired single station smoke detectors in the sleeping rooms. The facility has a capacity of 8 and had a census of 8 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 0.9.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/23/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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KS018	<p>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 sleeping room doors would self close and latch into the door frame. This deficient practice could affect all residents in the male's wing.</p> <p>Findings include:</p> <p>Based on an observation with Maintenance Technician # 1 and Maintenance Technician # 2 on 11/22/11 at 2:40 p.m., the first sleeping room door on the left, when entering from the living room, rubbed on the carpet keeping the door propped open. Based on an interview with Maintenance Technician # 1 at the time of observation, the concrete slab flooring has risen and the door needs to be trimmed on the</p>	KS018	<p>Door was trimmed on the bottom so it would close properly and latch into the door frame</p> <p>Staff persons will be inserviced to report any doors that do not self-close so they can be repaired immediately. Supervisory and Management staff will conduct observations on the following schedule: Supervisor – once per week and QIDP once per month. They will make sure that each door closing device is operable when doing observations. Any that are found to be inoperable will be reported to maintenance for immediate repair. Maintenance staff will perform preventative maintenance checks on a monthly basis. During these checks, they will make sure that each door closing device is operable. Any that are found to be inoperable will be repaired immediately. Person Responsible: Maintenance Supervisor and Director of Residential Services</p>	12/22/2011

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KS053	<p>bottom.</p> <p>Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 sleeping rooms were provided with smoke alarms that upon activation would initiate an alarm in all sleeping rooms. This deficient practice affects all</p>	KS053	Smoke detectors that activate the fire alarm in all sleeping areas are in place. Maintenance staff will perform preventative maintenance checks on a monthly basis. During these checks, they will ensure that all smoke detectors upon activation will initiate an alarm in all sleeping	12/22/2011

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	<p>clients.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Technician # 1 and Maintenance Technician # 2 on 11/22/11 during a tour of the facility from 2:00 p.m. to 2:40 p.m., the single station hard wired smoke detectors in each sleeping room would not initiate the fire alarm system when activated. This was confirmed during a telephone conversation with the Maintenance Supervisor on 11/23/11 at 12:03 p.m.</p>		<p>rooms.</p> <p>Person Responsible: Maintenance Supervisor</p>		