

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G752	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/03/2014
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NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9104 STRATHMORE LN FORT WAYNE, IN 46818
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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: 11/03/2014</p> <p>Facility Number: 011871 Provider Number: 15G752 AIM Number: 200921870</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Easter Seals Arc of Northeast Indiana was not found 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms 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 of Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.4.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 3 interior battery operated emergency lights was properly 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 7.9.2.5 requires battery operated emergency lights shall be capable of repeated automatic operation. This deficient practice could affect all occupants if the facility were required to evacuate in an emergency during a loss of normal power.</p>	K010130	<p>The battery powered emergency light will be fixed</p> <p>Person Responsible: Maintenance Supervisor</p> <p>Completion Date: December 3, 2014</p> <p>The battery powered emergency lights in all the group homes will be tested during each monthly preventative maintenance check</p>	12/03/2014

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K01S147	<p>Findings include:</p> <p>Based on observations with the Maintenance Technician on 11/03/14 at 12:10 p.m., the battery powered emergency light at the back door failed to illuminate when tested. Based on an interview with the Maintenance Technician at the time of observation, she confirmed the battery powered emergency light failed to illuminate.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff no less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1</p> <p>1. Based on record review and interview, the facility administration failed to have a written fire safety plan to protect 6 of 6</p>	K01S147	<p>Person Responsible: Maintenance Supervisor</p> <p>Evacuation plans will be kept at the group home Person Responsible: Group Home Supervisor Completion Date:</p>	12/03/2014			

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	<p>clients. This deficient practice affects all clients in the facility.</p> <p>Findings include:</p> <p>During the record review process with the Qualified Intellectual Disability Professional (QIDP) on 11/03/14 at 11:15 a.m., the facility did not have a written fire safety plan. Based on an interview with the QIDP at the time of record review, no other documentation was available for review.</p> <p>2. Based on record review and interview, the facility administration failed to ensure all employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients. Such instruction is reviewed by the staff at least every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Form" documentation with the QIDP on 11/03/14 at 11: 15 a.m., lapses in staff fire safety training times were more than the two months allowed as evidenced by the lack of any training or Fire Drill</p>		<p>December 3, 2014 The QIDP will check that the evacuation plans are in the group home during each monthly observation Person Responsible: QIDP The fire drill and tornado schedule will be posted in the group home so that will staff know when to conduct drills Person Responsible: Group Home Supervisor Completion Date: December 3, 2014 The Assistant Director will remind all group home staff and supervisors about upcoming drills Person Responsible: Assistant Director The QIDP will review drill forms to ensure that they were run correctly Person Responsible: QIDP Completion Date: December 3, 2014</p>		

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K01S152	<p>record for the 10:00 p.m. to 6:00 a.m. shift during the first quarter of 2014, and the 6:00 a.m. to 2:00 p.m. for the second and third quarters for 2014. The QIDP said at the time of record review, there were no other Fire Drill or other training documentation for these period.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (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>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview,</p>	K01S152		12/03/2014

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	<p>the facility failed to conduct fire drills quarterly on each shift for 3 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review and interview of the "Fire Drill Form" with the Qualified Intellectual Disability Professional (QIDP) and the Maintenance Technician on 11/03/14 at 12:00 p.m., they confirmed the fire drill documentation for a third shift fire drill for the first quarter, a first shift fire drill for the second quarter of 2014, and first shift fire drill for the third quarter of 2014 were not available for review.</p>		<p>The fire drill and tornado schedule will be posted in the group home so that staff will know when to conduct drills</p> <p>Person Responsible: Group Home Supervisor</p> <p>Completion Date: December 3, 2014</p> <p>The Assistant Director will remind all group home staff and supervisors about upcoming drills</p> <p>Person Responsible: Assistant Director</p> <p>The QIDP will review drill forms to ensure that they were run correctly</p> <p>Person Responsible: QIDP</p> <p>Completion Date: December 3, 2014</p>	