STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE BELT ARC INC	4417 BLACKSTONE CT BLOOMINGTON, IN 47401

(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 000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 02/20/15 Facility Number: 000704 Provider Number: 15G170 AIM Number: 100234540 Surveyor: Lex Brashear, Life Safety Code Specialist 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. This one story facility with a lower level and walkout basement was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels including the corridors, sleeping rooms, and common living areas. The facility has a capacity of	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	seven and had a census of five at the time of this survey. 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 0.25. Quality Review by Dennis Austill, Life Safety Code Specialist on 02/25/15. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K 147 Bldg. 01	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 persons 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 not less than every 2 months. A copy of the plan is readily available at all times within the			

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	facility. 32.7.1, 33.7.1 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 5 of 5 clients. Such instruction is reviewed by the staff not less than every two months. This deficient practice could affect all clients. Findings include: Based on review of the facility's fire plan in the Inspections book on 02/20/15 at 11:45 a.m., there was no documentation to show employees are 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 all client, and reviewed by staff not less than every two months. The Qualified Intellectual Disability Professional - Designee (QIDP-D) acknowledged there was no documentation available to indicated such instructions are reviewed by the staff at least every two months. The facility was lacking written documentation fire drills were performed during the first, second, and third shifts	K 147	Plan of correction: Facility manager will ensure all employees are periodically instructed and kept informed withrespect to their duties and responsibilities underthe plan for special staff response, including fireprotection procedures needed to ensure the safety of 5 of 5 clients. Such instruction is located in the binder in the home and staff will sign off every 2 months when they review plan with facility manager Plan of prevention: Facility house manager has been trained on assuring that staff are 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 5 of 5 clients. Such instruction is located in the binder in the home and staff will sign off every 2 months when they review plan with facility manager (attachment a) Plan of monitoring : Facility coordinator qdip-d has been trained to monitor that facility manager is ensuring that that staff are 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 5 of 5 clients. Such instruction is located in the binder in the home and staff will sign off every 2 months when they review plan with facility manager(attachment b)	03/02/2015

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	of the third and fourth quarters of 2014.			
K 152 Bldg. 01	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. (2) 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. (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. Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 3 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients. Findings include:	K 152	Plan of correction : Facility coordinator QIPD has created a fire drill schedule to ensure fire drills were conducted quarterly (attachment a) Plan of prevention: House managers were trained on drill completion and how to utilize schedule (attachment b) Plan of monitoring: Facility house qdip-d	03/02/2015

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	Based on review of the facility's fire drill reports on 02/20/15 at 11:40 a.m. with the Qualified Intellectual Disability Professional - Designee (QIDP-D) present, the facility only had documentation that eleven fire drills were performed during the past twelve months. There were no fire drills conducted during the following shifts and quarters: 1. First shift (day) - third and fourth quarters of 2014 2. Second shift (evening) - third quarter of 2014 3. Third shift (night) - third and fourth quarters of 2014 Based on interview at the time of record review, the QIDP-D acknowledged the lack of documented fire drills during the previously mentioned shifts and quarters of 2014.		will ensure this fire drill schedule is followed and that drills were conducted quarterly (attachment c)	