

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G134	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2014
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NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746
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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: 03/18/14</p> <p>Facility Number: 000671 Provider Number: 15G134 AIM Number: 100234320</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, ARC Opportunities 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 temporary facility is one story with a partial basement and was not sprinklered. The facility has a fire alarm system with smoke detection on all levels of the house including in the corridors and in sleeping rooms. The facility has a capacity of 5 and had a census of 5 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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	<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 0.2.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/24/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K010130	<p>Based on observation and interview, the facility failed to ensure the 2 of 3 fire extinguishers were mounted at least 4 inches from the floor. NFPA 101, Section 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all occupants.</p> <p>Finding include:</p> <p>Based on observation with the Assistant Residential Director on 03/18/14 from 1:30 p.m. to 2:00 p.m., the fire extinguisher in the foyer and the kitchen fire extinguisher were stored directly on the floor. Based on an interview with the Assistant Residential Director at the time of observations, he confirmed the fire extinguishers were stored on the floor.</p>	K010130	<p>It will be the responsibility of the Maintenance Personnel to hang the fire extinguishers in the residential setting located in the foyer and kitchen at least 4 inches off the floor. They will be installed to meet NFPA 101, section 4.612.2In the future it will be the responsibility of the person doing the monthly inspection of the facility to ensure the fire extinguisher(s) are checked, dated, serviced as need, properly installed and excessable. If any problems are noted they will be responsible to see that they are remedied in a timely manner.</p>	04/11/2014	

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K01S029	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room is protected by one of the following means:</p> <p>(a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than ¾ hour.</p> <p>(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation is self-closing or automatic closing in accordance with 7.2.1.8. 33.2.3.2.2.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 hazardous areas was contained in a one hour enclosure with a self closing and latching fire door. This deficient practice could affect all occupants.</p> <p>Finding include:</p> <p>Based on observation with the Assistant Residential Director on 03/18/14 at 1:45 p.m., there were 24 cardboard boxes full of the clients' belongs stored in the living room between the couch and the accordion type door. The Assistant Residential Director explained that after the house fire the client's belongings were</p>	K01S029	It will be the responsibility of the Asst. Res. Director to remove the 24 boxes of clothing from the common living room to a locaton that meets NFPA standards, or relocated off site. In the future it will be the responsibility of the person doing the monthly inspections of the facility to ensure that all potential fire hazards are promptly addressed to eliminate potential for negative outcomes.	04/15/2014			

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	taken and professional cleaned. The client's belongings will remained stored in the boxes until the clients are moved into their permanent facility.				

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K01S053	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 1 of 1 living rooms was provided with a smoke detector. This deficient practice could affect all occupants.</p>	K01S053	It will be the responsibility of the C.E.O. to authorize the installation of 2 new fire and smoke sensors in the common living areas of the residential setting. It will be the responsibility of the maintenance personnel, to schedule the installation of the	04/25/2014
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	<p>Finding include:</p> <p>Based on observation and interview with the Assistant Residential Director on 03/18/14 at 1:40 p.m., he confirmed the living room lacked a smoke detector and since the room can be divided into two separate areas by an accordion style door, a smoke detector would be needed on both sides of the accordion door.</p>		<p>devices with the Fire Protection Provider. In the future it will be the responsibility of the person doing the monthly inspection to see that there are adequate fire protection devices and that they are operating appropriately.</p>		