

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G640	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2015
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3102 AIRPORT RD PORTAGE, IN 46368
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K 0000 Bldg. 01	<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: 07/09/15</p> <p>Provider Number: 15G640 AIM Number: 100245730 Facility Number: 001220</p> <p>At this Life Safety Code survey, Opportunity Enterprises 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 was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, in client sleeping rooms and in common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A,</p>	K 0000		

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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K 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.3.</p> <p>Based on observation, record review, and interview; the facility failed to ensure 2 of 2 battery operated emergency lights in the facility was maintained in accordance with LSC 7.9. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 ½ hour duration. 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 clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation from 11:58 a.m. to 12:24 p.m. on 07/09/15 with the Group Home Manager and Assistant Group Home Manager, the facility has two battery operated emergency lights. Based</p>	K 0130	To ensure the home's emergency lights are tested monthly, the group home manager will test the battery operated emergency lights once a month and document the test on a designated form. In addition, each group home manager will conduct an annual, 90 minute, test of their emergency lights, and document the test on a designated form. Documentation of these tests will be maintained by the Group Home Director or the Executive Assistant to the Program. To ensure this deficient practice does not reoccur, the Group Home Director or Executive Assistant will monitor testing of emergency lights on a monthly basis.	07/24/2015

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K S152 Bldg. 01	<p>on record review and interview at the time of observation, the Group Home Manager and Assistant Group Home Manager provided documentation of testing an 1 ½ hour annual test but was unaware of the required testing of 30 second monthly test and documentation for the emergency battery operated lights.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(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>(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.</p> <p>Based on record review and interview,</p>	K S152	Evacuation drills will be	07/24/2015			

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K S154 Bldg. 01	<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: Based on record review of the fire drill reports titled Residential Fire Drill Records on 07/09/15 at 1:38 p.m., the Group Home Manager and Assistant Group Home Manager acknowledged documentation for a first shift fire drill for the first quarter of 2015, third shift drill for the second quarter of 2015, and third shift drill for the third quarter of 2014 were not available for review. Based on interview, the Group Home Manager and Assistant Group Home Manager acknowledged the lack of documentation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the</p>				<p>conducted a minimum of once per quarter for each shift. The GHM will schedule these drills and see that they are completed. Once a drill is conducted, the drill form will be signed by the staff on shift and will include information on the client's in the home as far as their level of participation/assistance required in the dill. Once these forms are completed, they will be turned into the Executive Assistant to Programs. She/he will add this drill tracking to a checklist of monthly action items and will ensure that all drills are conducted within the regulatory timeframes.</p>		

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K S155 Bldg. 01	<p>sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. in order to protect 6 of 6 residents. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Group Home Manager and the Assistant Group Home Manager on 07/09/15 at 1:26 p.m., the facility did have a written fire watch policy and procedure for the automatic sprinkler system failure but it did not address all components of LSC Section 9.6.1.8. Specifically, the plan did not state the person conducting the fire watch shall be trained and assigned no other duties during that time.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left</p>			K S154	<p>This policy has been revised to include verbiage that designated staff will be trained and shall have no other duties. The revision is currently being routed for approval of administration. Attached is the revised policy, which will be implemented immediately, upon its approval.</p>		07/24/2015

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	<p>unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. in order to protect 6 of 6 residents. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Group Home Manager and the Assistant Group Home Manager on 07/09/15 at 1:26 p.m., the facility did have a written fire watch policy and procedure for the fire alarm system failure but it did not address all components of LSC Section 9.6.1.8. Specifically, the plan did not state the person conducting the fire watch shall be trained and assigned no other duties during that time.</p>	K S155	<p>This policy has been revised to include verbiage that designated staff will be trained and shall have no other duties. The revision is currently being routed for approval of administration. Attached is the revised policy, which will be implemented immediately, upon its approval.</p>	07/24/2015	