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 04/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OPPORTUNITIES INC	0170 W 300 N HOWE, IN 46746

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	A Life Safety Code Walk-Thru survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 04/11/12 Facility Number: 000671 Provider Number: 15G134 AIM Number: 100234320 Surveyor: Dennis Austill, Life Safety Code Supervisor At this Life Safety Code Walk-Thru 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.	K0000		

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.

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 04/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OPPORTUNITIES INC	0170 W 300 N HOWE, IN 46746

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	This two story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors and common living areas. The facility has a capacity of 5 and had a census of 5 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 Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/13/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:			

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 04/09/2012
NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
KS014	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish. Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities. Based on observation and interview, the facility failed to ensure the interior finish in 2 of 4 bedrooms and in a hallway and staircase were rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect all clients in the facility. Findings include: Based on observations made between 12:00 p.m. and 1:30 p.m. on 04/11/12 with the Qualified Developmental Disabled Professional (QDDP), there was paneling on the walls of the two upstairs bedrooms, the upstairs hallway, the staircase and east downstairs hallway. Based on interview, it was acknowledged by the QDDP at the time of observation, documentation was not available to show the flame spread ratings for the paneling was classified as Class A, B or C.	KS014	At the time of the survey the QDDP was unable to provide documentation of the flame spread ratings for the paneled surfaces at 0170 W 300 N known as the Love Acres SGH facility. It will be the responsibility of the Asst. Residential Director to provide said documentation to the State Board of Health by 5/09/12. In the future it will be the responsibility of the ARD to advise the QDDP on where that documentation is kept for future reference so that if required for other survey in the future they will be able to secure that information as well.	05/09/2012