

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G220	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/23/2015
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4700 HITE DR BLOOMINGTON, IN 47408
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K 000 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: 03/23/15</p> <p>Facility Number: 000744 Provider Number: 15G220 AIM Number: 100234860</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>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.</p> <p>This one story facility with a lower level was not sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels including the corridors, five of six sleeping rooms, the dining room, and the west living room. The facility has a capacity of six and had</p>	K 000		
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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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K 147 Bldg. 01	<p>a census of six at the time of this survey.</p> <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 0.8.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/25/15.</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 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 facility. 32.7.1, 33.7.1</p>						

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	<p>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 not less than every two months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire safety plan on 03/23/15 at 11:25 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 of fire drills performed during the first, second, and third shifts of the second, third and fourth quarters of 2014.</p>	K 147	<p>Facility created drill schedule and binder to ensure quarterly evacuation drills are conducted for each shift (attachment z).</p> <p>Plan of Prevention: Facility staff trained to follow schedule to ensure quarterly evacuation drills are conducted for each shift (attachment f).</p> <p>Plan of Monitoring: Facility house managers trained to follow schedule to ensure quarterly evacuation drills are conducted for each shift (attachment f).</p>	04/01/2015			

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K 152 Bldg. 01	<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, the facility failed to ensure fire drills were conducted quarterly on 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p>	K 152	<p>Facility created drill schedule and binder to ensure quarterly evacuation drills are conducted for each shift (attachment z).</p> <p>Plan of Prevention: Facility staff trained to follow</p>	04/01/2015

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	<p>Based on review of the facility's fire drill reports on 03/23/15 at 11:15 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:</p> <ol style="list-style-type: none"> 1. First shift (day) - third quarter of 2014 2. Second shift (evening) - second and fourth quarters of 2014 3. Third shift (night) - third and fourth quarters of 2014 <p>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.</p>		<p>schedule to ensure quarterly evacuation drills are conducted for each shift (attachment f).</p> <p>Plan of Monitoring: Facility house managers trained to follow schedule to ensure quarterly evacuation drills are conducted for each shift (attachment f).</p>				