

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G075	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2014
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 4422 LAKE AVE FORT WAYNE, IN 46815
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(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
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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: 05/16/14</p> <p>Facility Number: 000619 Provider Number: 15G075 AIM Number: 100233750</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Easter Seals Arc of Northeast Indiana 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 one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in common living areas and single station battery operated smoke detectors in the sleeping rooms. The facility has a capacity of 8 and had a</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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K01S032	<p>census of 7 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 Slow with an E-Score of 3.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/20/14.</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 In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room is not exposed to living areas and kitchens.</p> <p>Exception: Buildings equipped with quick-response or residential sprinklers throughout. Standard response sprinklers are permitted for use in hazardous areas in accordance with 33.2.3.2. 32.2.2.2.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 doors separating the Ladies hall bedroom from the living room in this Slow rated facility could close and latch into the frame</p>	K01S032	<p><u>K0032</u></p> <p>-</p> <p>An open/close button will be</p>	06/15/2014

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	<p>automatically or upon activation of the fire alarm system. This deficient practice could affect 4 of 7 clients.</p> <p>Findings include:</p> <p>Based on observation and interview with Maintenance Technician # 1 on 05/16/14 at 10:40 a.m., the door which separates the Ladies hall bedroom corridor from the living room was propped open using a rubber wedge. This was acknowledged by Maintenance Technician # 1 at the time of observation.</p>		<p>installed on the doors leading to the men's and women's bedroom corridors which will allow handicapped clients to easily open doors while keeping doors shut when not in use.</p> <p>Person Responsible: Maintenance supervisor</p> <p>Completion Date: June 15, 2014</p> <p>-</p> <p>Staff will be trained to keep doors shut and not to prop them open</p> <p>Person Responsible: QIDP</p> <p>Completion Date: June 15, 2014</p>	