

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G667	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/20/2015
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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 203 APPLETREE VALPARAISO, IN 46383
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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: 08/20/15</p> <p>Facility Number: 001225 Provider Number: 15G667 AIM Number: 100234200</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 building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in all 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, Alternative Approaches to Life Safety,</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 S046 Bldg. 01	<p>Chapter 6, rated the facility Slow with an E-Score of 2.7</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>Based on observation and interview; the facility failed to ensure 1 of 2 battery operated emergency lights in the facility were 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 throughout the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/20/15 at 9:18 a.m., the facility has two battery operated emergency lights that were tested on 6/23-25/15 but failed the test. The form stated "the one in the dining room is not staying on for 90 min. Only</p>	K S046	<p>To ensure the home's emergency lights are tested monthly, the group home director 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. The extension cord, powering the fish tank and the multi-plug adapter in the office have been removed. To ensure this deficient practice does not reoccur, the group home director will conduct monthly facility checks, with a specific check to ensure that flexible cords and cables are not substituting for fixed wiring.</p>	09/02/2015

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	<p>45 min." Based on interview at the time of record review, the Group Home Director provided documentation showing the battery was replaced. He confirmed that the light was not retested for 90 minutes. No monthly testing documentation was available.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords and 1 of 1 multiplug were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect staff, visitors, and clients.</p> <p>Findings include:</p> <p>Based on observation with Group Home Manager on 08/20/15 at 10:07 a.m. then again at 10:09 a.m., an extension cord powering a fish tank was discovered in the living room. Then a multiplug adapter powering a house phone in the Office. Based on interview at the time of observation, the Group Home Manager acknowledged each aforementioned condition.</p>			

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K S152 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>1. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p>	K S152	To ensure that fire drills are conducted during each shift,once a quarter, and to ensure that the fire drills are conducted under varying conditions, the facility has developed a new schedule for conducting fire drills (See Attached). Each group home will	09/02/2015

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	<p>Findings include:</p> <p>Based on record review of the fire drill reports titled "Residential Fire Drill Record" with the Group Home Director on 08/20/15 at 9:44 a.m., documentation for first, second, and third shift of the third quarter for 2014 and 2015 were not available for review. Based on interview at the time of record review, the Group Home Director acknowledged the aforementioned condition.</p> <p>2. Based on record review and interview, the facility failed to ensure 12 of 12 fire drills were conducted under varied conditions. This deficient practice affects all clients in the facility including staff, visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports titled "Residential Fire Drill Record" on 08/20/15 at 9:44 a.m. with the Group Home Director, three of three fire drills performed each quarter were conducted in the same month (2/28/15, 2/12/15, 2/7/15, 6/21/15, 6/23/15, 6/19/15, 10/25/14, 10/20/14, 10/25/14, 12/23/15, 12/14/15, 12/15/14) Based on interview at the time of record review, the Group Home Director acknowledged the aforementioned condition.</p>		<p>conduct their fire drills, according to this schedule and document each fire drill on a designated form. The group home director and/or executive assistant to the program will ensure that fire drills, and the documentation thereof, are complete and accurate.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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