

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G166	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2015
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NAME OF PROVIDER OR SUPPLIER GIBSON COUNTY ARC PRINCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1512 S JEFFERSON PRINCETON, IN 47670
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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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K 0000 Bldg. 02	<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: 08/06/15</p> <p>Facility Number: 000700 Provider Number: 15G166 AIM Number: 100234410</p> <p>At this Life Safety Code survey, Gibson County ARC 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms, and common living areas. The facility has a capacity of eight and had a census of eight 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		
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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 0130 Bldg. 02	<p>Chapter 6, rated the facility Slow with an E-Score of 1.86.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 liquid oxygen storage areas where transferring of oxygen takes place was separated from any portion of a facility wherein clients are housed by a separation of a fire barrier of 1 hour fire resistive construction. NFPA 99, Chapter 13, Other Health Care Facilities, 13-1 says this chapter addresses safety requirements for facilities or portions thereof, that provide diagnostic and treatment services to patients in health care facilities other than hospitals, nursing homes, or limited care facilities as defined in Chapter 2. NFPA 99, 13-8 requires gas equipment to conform to the patient equipment requirements of Chapter 8. NFPA 99, 8-3.1.11.2 (a) requires storage locations for nonflammable gases less than 3000 cubic feet be outdoors or within an enclosed interior space of noncombustible or limited combustibile construction with doors that can be secured against unauthorized entry. This deficient practice could affect all clients.</p>	K 0130	Jessica Adams the QIDP entered a facilities ticket to the maintenance department on 8/20/2015 to have the Oxygen tanks transported to the left corner of the porch to its approved designated area and to have a barrier placed around it.	08/20/2015

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	<p>Findings include:</p> <p>Based on observation on 08/06/15 at 12:30 p.m. during a tour of the facility with the Medical Records Trainer and the Qualified Intellectual Disabilities Professional (QIDP), there were two large liquid oxygen tanks stored in the corner of the dining room. During interview at the time of observation, the QIDP said there is normally only one liquid tank stored in the dining room, but it is the location where oxygen transfilling takes place.</p>						