

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G075	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2015
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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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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: 06/11/15</p> <p>Facility Number: 000619 Provider Number: 15G075 AIM Number: 100233750</p> <p>At this Life Safety Code survey, The 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, common living areas and single station battery operated smoke detectors in the sleeping rooms. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</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. 01	<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 2.4.</p> <p>Based on record review, observation, and interview; the facility failed to ensure there was documentation for monthly testing and battery replacement of 2 of 2 resident room smoke alarms. This deficient practice could affect 2 clients.</p> <p>Findings include:</p> <p>Based observation and records review with the Maintenance Tech 1 on 06/11/15 at 11:30 a.m., the facility had two resident room battery-operated smoke alarms. No documentation was available to show if the battery-operated smoke alarms were tested monthly and when the batteries have been replaced. Based on an interview at the time of observation and records review, the Maintenance Tech 1 indicated there was no documentation available to show a monthly test has been conducted and when the batteries were replaced for the smoke alarms.</p>	K 0130	<p>Maintenance staff will document with the date the testing of the battery operated smoke alarms monthly and also document with the date when the batteries are replaced</p> <p>Person responsible: Maintenance Supervisor Completion Date: July 11, 2015</p>	07/11/2015

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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>Based on record review, the facility failed to conduct quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. LSC 4.7.5 requires drills be held at unexpected times and varying conditions. This deficient practice could affect all occupants.</p>	K S152	<p>The grouphome drill schedule will be updated to include quarterly fire and tornadodrills on each shift. The schedule will include the specific hour that staff should run the drill so that the times vary</p> <p>PersonResponsible: Director of Group Home Services Completion Date: June 12, 2015</p>	07/11/2015
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	<p>Findings include:</p> <p>During record review titled "Easter Seals ARC Fire Drill Form" with the Maintenance Tech 1 on 06/11/15 at 12:15 p.m., all first shift drills for the last calendar year took place from 5:00 a.m. to 6:30 a.m. Based on interview during recorders review, the Maintenance Tech 1 confirmed the fire drill documentation noted all first shift drills for the last four quarters took place between 5:00 a.m. and 6:30 a.m.</p>		<p>The QIDP will review completed drill forms to ensure that they were run correctly</p> <p>PersonResponsible: QIDP CompletionDate: July 11, 2015</p>		