

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G678	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/12/2013
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NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 420 CRESTWOOD HOBART, IN 46342
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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: 08/12/13</p> <p>Facility Number: 000798 Provider Number: 15G678 AIM Number: 100248970</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Life Safety Code survey, ARC of Northwest 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>This one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client sleeping rooms and common living areas. The facility has a capacity of 5 and had a census of 5 at the time of this survey.</p>	K010000		

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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	<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 1.92</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/13/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>			

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K010130	<p>1. Based on observation and interview, the facility failed to ensure 2 of 2 fire extinguishers were maintained in accordance with NFPA 10. LSC 4.6.12.2 says existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. NFPA 10, 4-4.3 states every 6 years, stored pressure fire extinguishers that require a 12 year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures. 4-4.4.2 states each extinguisher that has undergone maintenance that includes internal examination or that has been recharged shall have a "Verification of Service" collar located around the neck of the container. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the container unless the valve is completely removed. The collar shall not interfere with the operation of the fire extinguisher. The "Verification of Service" collar shall include the month and year the service was performed, indicated by a perforation such as is done by a hand punch. 4-5.5 states each fire extinguisher shall have a tag or label securely attached that indicates the month and year recharging was performed and</p>	K010130	<p>Bidding process for surface repairs began 8/16/13; to date we have received two estimates. Three estimates are preferable, as soon as we have all estimates, a contract will be signed and work will begin. Work completion target date 9/11/13. Two fire extinguishers were returned to provider for 6 year mandatory maintenance. 8/20/13 last service was in 2006, over site by provider to be corrected. (See enclosed invoice from provider). To ensure further compliance, a provision for sidewalks, ramps and driveways has been added to the monthly safety inspection report, and additional instructions for confirmation (See enclosed).</p>	09/11/2013
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	<p>that identifies the person performing the services. A "Verification of Service" (maintenance or recharging) collar in accordance with 4-4.4.2 shall also be attached to the extinguisher. This deficient practice could affect all clients, as well as staff.</p> <p>Findings include:</p> <p>Based on observation on 08/12/13 at 10:30 a.m. with the Maintenance Director, the following was noted:</p> <p>a. The portable fire extinguisher located in the kitchen was manufactured in 2006 according to the label attached to the fire extinguisher. The most recent annual inspection was conducted in January, 2013. The fire extinguisher was not provided with Verification of Service collar or a tag or label attached indicating the six year maintenance procedure was performed.</p> <p>b. The portable fire extinguisher located in the garage was manufactured in 1989 according to the label attached to the fire extinguisher. The most recent annual inspection was conducted in January, 2013. The fire extinguisher was not provided with Verification of Service collar. A label was attached indicating the six year maintenance procedure was last performed in January, 2006. Based on interview at the time of observation,</p>			

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	<p>the Maintenance Director acknowledged the documentation for the six year maintenance procedure was not current.</p> <p>2. Based on observation, record review and interview; the facility failed to ensure exit egress for 3 of 3 exits was arranged to minimize tripping hazards. LSC Section 4.5.3.2 requires the means of egress shall be accessible to the extent necessary to ensure reasonable safety for occupants having impaired mobility. This deficient practice could affect 2 of 5 clients using the north and south sidewalks and the driveway as an exit.</p> <p>Findings include:</p> <p>Based on observation on 08/12/13 from 10:45 a.m. to 10:50 a.m. with the Maintenance Director the following was noted:</p> <p>a. The concrete surface of the driveway had multiple cracks ten to seventeen feet in length and ranged from half an inch to three inches in width with a depth of 1/2 inch.</p> <p>b. The sidewalk on the north side of the home had a 3 foot by 3 foot section of concrete that had been lifted 3 to 4 inches by a tree root.</p> <p>c. The sidewalk on the south side of the home had a 3 foot long crack across the sidewalk with a depth of one inch.</p>			
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	Based on review of completed "F-1, Worksheet for Rating Residents" forms, clients #1 and client # 2 were identified as having an unsteady gait, used a walker or wheel chair and used leg braces. Based on interview at the time of observation, the Maintenance Director acknowledged the poor condition of the sidewalks and driveway.			