| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G512 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | X3) DATE SURVEY COMPLETED 06/18/2014 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 355 SHEFFIELD VALPARAISO, IN 46383 | |

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| K010000 | A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).<br><br>Survey Date: 06/18/14<br><br>Facility Number: 001026<br>Provider Number: 15G512<br>AIM Number: 100245160<br><br>Surveyor: Phillip Komsiski, Life Safety Code Specialist<br><br>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.<br><br>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in common living areas and hard wired smoke detectors in all client sleeping rooms. The facility has a capacity of six and had a census of six at the time of this survey. | K010000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.24.<br><br>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/23/14.<br><br>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: | | | |
| K01S018 | 483.470(j)(1)(i)<br>LIFE SAFETY CODE STANDARD<br>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door.<br>32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4<br><br>Doors are self-closing or automatic closing in accordance with 7.2.1.8<br><br>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.<br>Based on observation and interview, the facility failed to ensure 3 of 3 client | K01S018 | K0018 – As of July 3, 2014, all doors in the group home have been outfitted with latches and | 07/03/2014 |

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| | sleeping room doors would close and latch into their door frames in accordance with 7.2.1.8. This deficient practice could affect all clients as well as visitors and staff.<br><br>Findings include:<br><br>Based on observations on 6/18/14 during the tour between 1:05 p.m. to 1:30 p.m. with the House Manager, all three client bedroom doors were equipped with roller latches and would not latch into their frames. Based on interview on 6/18/14 concurrent with the observations, it was acknowledged by the House Manager the client bedroom doors would not latch into their door frames. | | ensure their ability to latch into their door frames, in accordance with 32.2.3.5.1 and 33.2.3.5.2. | |
| K01S053 | 483.470(j)(1)(i)<br>LIFE SAFETY CODE STANDARD<br>Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.<br><br>Exception No 1: Buildings protected | | | |

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| | throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.<br><br>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.<br>Based on observation and interview, the facility failed to ensure 1 of 11 smoke detectors were installed in a location which would allow the smoke detector to function to its fullest capability. LSC 9.6.2.10.1 refers to NFPA 72, National Fire Alarm code. NFPA 72 at 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all clients in the facility.<br><br>Findings include:<br><br>Based on observation on 06/18/14 at 1:24 p.m. with the House Manager, the smoke detector installed on the Dining room | K01S053 | K0053 – Before July 18th, 2014, the smoke detector will be moved to a location in which the smoke detector will not be adversely affected by air flow and which allows the smoke detector to function to its fullest capability. | 07/18/2014 |

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| | ceiling was within one foot of ceiling fan blades. Based on interview on 06/18/14 at 1:25 p.m. with the House Manager, it was agreed the smoke detector was within one foot of a ceiling fan and could be adversely affected because of its proximity to the fan blades. | | | |