

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G180	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/22/2011
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 4420 WOODSTOCK DR FORT WAYNE, IN46815
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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
K0000	<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: 11/22/11</p> <p>Facility Number: 000713 Provider Number: 15G180 AIM Number: 100243170</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, 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</p>	K0000		

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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KS032	<p>detection in the corridors and common 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, Chapter 6, rated the facility Slow with an E-Score of 4.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/23/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>In slow and impractical evacuation capability facilities, the primary means of escape for each sleeping room is not exposed to living areas and kitchens.</p> <p>Exception: Buildings equipped with quick-response or residential sprinklers throughout. Standard response sprinklers are permitted for use in hazardous areas in accordance with 33.2.3.2. 32.2.2.2</p> <p>Based on observation and</p>	KS032	3 new self closing hinges have been installed	12/01/2011	

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	<p>interview, the facility failed to ensure the primary means of escape was not exposed to living areas for 3 of 4 sleeping rooms. This deficient practice could affect 4 of the 6 clients.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Technician # 1 and Maintenance Technician # 2 on 11/22/11 at 2:10 p.m., the door separating the living room from the front entrance and the hall leading to the sleeping rooms was on a magnet that released with the fire alarm but the door remained wide open. Based on an interview with the Maintenance Technician # 1 at the time of observation, the self closing hinges need to be replaced.</p>		<p>Supervisory and Management staff will do observations on the following schedule: Supervisor – once per week and QIDP once per month. They will make sure that each door closing device is operable when doing observations. Any that are found to be inoperable will be reported to maintenance for immediate repair. Maintenance staff will perform preventative maintenance checks on a monthly basis. During these checks, they will make sure that each door closing device is operable. Any that are found to be inoperable will be repaired immediately. Person Responsible: Maintenance Supervisor and Director of Residential Services</p>		