

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/03/2012
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NAME OF PROVIDER OR SUPPLIER  ARCADIA DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/03/12</p> <p>Facility Number: 000730 Provider Number: 15G580 AIM Number: 100272190</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Arcadia Developmental Center was found not in compliance with Requirements for Participation in Medicare/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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This existing one story facility was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has battery operated smoke detectors in</p>	K0000	<p>By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings or allegations as part of my proceedings and submit these responses pursuant to our regulatory obligations. _____</p> <p>____ Beverly Sayre Coward Administrator</p>	

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>all client sleeping rooms. The facility has a capacity of 60 and had a census of 56 at the time of this visit.</p> <p>In 2008, the facility added a 2000 square foot Recreation Room to be used by the clients. The building construction type of the Recreation Room was determined to be V (000) and attached to the existing building but separated by a 2 hour fire barrier. The Recreation Room addition was surveyed with NFPA 101, LSC, Chapter 12, New Assembly Occupancies.</p> <p>All areas where clients have customary access were sprinklered. The facility has one detached building providing storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/04/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0015	<p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2</p> <p>Based on observation and interview, the facility failed to provide documentation of the flame spread rating for interior finish materials installed in the laundry. This deficient practice could affect any staff or visitors in the laundry.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 12:10 p.m. on 10/03/12, the laundry closet and the kitchen storage room inside the laundry had wood paneling installed from floor to ceiling on one wall in each room. Based on interview at the time of the observations, the Maintenance Supervisor stated no documentation of the flame spread rating for the wood paneling was available for review and acknowledged wood paneling was installed in the laundry closet and kitchen storage room</p>	K0015	<p>The Laundry room closet has had new 5/8 inch dry wall replaced with FRP placed over the dry wall, and the paneling has been removed from the facility. (See attachment A) The kitchen storage room has had the paneling removed and good 5/8 inch drywall was already in place. This area has been repainted. Maintenance has checked all storage areas in the facility for compliance with no wood paneling within the facility. Maintenance is responsible for compliance. Administrator will monitor. October 12, 2012 completed.</p>	10/12/2012	

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	inside the laundry.  3.1-19(b)			

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K0048	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in the written fire safety plan for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice affects staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on review of the facility's written fire disaster plan labeled "ADC Fire Plan" for Arcadia Developmental Center with the Maintenance Supervisor during record review from 9:40 a.m. to 10:50 a.m. on 10/03/12, the fire disaster plan did not address the use of the ABC type fire extinguishers and the K-class fire</p>	K0048	<p>The Fire Policy has been reviewed and updated to include the use of fire extinguishers in the Kitchen. The policy now includes the ABC extinguishers, the "K" class extinguisher and the pre-engineered kitchen systems. (See attachment B) The dietary staff have all been inserviced on the new policy (See attachment C). The dietary staff will be in-serviced annually and new staff will be in-serviced upon hire. Maintenance is responsible. The Administrator or their designee will monitor. Completion date October 5, 2012</p>	10/05/2012			

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	<p>extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on an interview at the time of record review, the Maintenance Supervisor acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K-class fire extinguisher.</p> <p>3.1-19(b)</p>			

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K0050	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the first shift for 3 of 4 quarters. This deficient practice affects all clients, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Maintenance Supervisor during record review from 9:40 a.m. to 10:50 a.m. on 10/03/12, first shift fire drills conducted on 11/02/11, 02/14/12 and 08/09/12 were conducted, respectively at 10:45 a.m., 10:20 a.m. and 10:20 a.m. Based on interview at the time of record review, the Maintenance Supervisor acknowledged first shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p>	K0050	<p>The Maintenance Supervisor has developed a new schedule for random fire drills. The new schedule will assure fire drills are not completed within the same hour time frame for each shift Quarterly (See attachment D). Before Fire Drills are initiated the Maintenance Supervisor will review the new schedule to make sure time frame is correct. The Maintenance Supervisor is responsible. The Administrator will monitor. Completion date October 12, 2012.</p>	10/12/2012			

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