

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G374	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1835 MAXWELL ST BLOOMINGTON, IN 47401
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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: 07/11/13</p> <p>Facility Number: 000888 Provider Number: 15G374 AIM Number: 100239700</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist, Steven Schwing, Life Safety Code Assistant</p> <p>At this Life Safety Code survey, Stone Belt ARC 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, common living areas and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of six and had a census of five 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 101 A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-score of 2.8.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/16/13.</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure 1 of 3 interior emergency lights were tested and the records of the testing maintained. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility including staff, visitors and clients if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation 07/11/13 at 11:32 a.m. with the Home Coordinator, the facility has three battery powered emergency lights. The battery powered emergency light in the Main resident hall</p>	K010130	<p>K130</p> <p>LIFE SAFETY CODE STANDARD</p> <p>Plan of Correction:</p> <p>Stone Belt will ensure that all interior emergency lights are tested and recorded on a monthly basis. In addition and annual test for not less than 1 1/2 hours will be completed.</p> <p>Responsible Person:</p> <p>Maxwell Program Coordinator/House Manager</p> <p>Date of Completion:</p>	08/10/2013			

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	failed to illuminate when the test button was pressed but the remaining two battery powered emergency lights illuminated when the test button was pressed. Based on interview concurrent with the test with the Home Coordinator it was acknowledged the battery powered emergency light in the Main resident hall did not illuminate. Furthermore, the facility does not perform a thirty second monthly check or an annual 1 ½ hour duration test for each battery powered light. The facility does not keep a written record of the results of monthly battery powered emergency light testing.		<p>August 10, 2013</p> <p>Plan of Prevention:</p> <p>The Stone Belt form (Attachment # 1) will be adapted to include the monthly checking of emergency lights. This form will be located in the electronic record keeping system (Fortis) and a copy will be maintained in the home.</p> <p>Quality Assurance Monitoring:</p> <p>Maxwell Program Coordinator will review the form on a monthly basis before it is entered into electronic system. Coordinator will make sure all testing is complete.</p>		

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>			

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>						

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 28 sprinkler heads were free of foreign material and physical damage. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign material, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations on 07/11/13 during a tour of the facility between 11:10 a.m. and 11:40 a.m. with the Home Coordinator, the following sprinkler</p>	K01S056	<p>K0056 LIFE SAFETY CODE STANDARD Plan of Correction: Stone Belt will ensure that all sprinkler heads are free of foreign material and physical damage. Stone Belt will ensure that the sprinkler system has a hydraulic nameplate and the that all sprinkler heads are supported as not to dangle below the ceiling. Responsible Person: Maxwell Program Coordinator/House Manager/Stone Belt Maintenance Date of Completion: August 10, 2013 Plan of Prevention: House Staff will dust all foreign material off of the sprinkler heads. If damaged, Stone Belt Maintenance staff will contact contractor and have the specific sprinkler head replaced. Ryan Fire and Safety (Stone Belt Contractor) has been contacted to make the necessary corrections to the name plate and the sprinkler head. Quality Assurance Monitoring: House Manager will add the dusting of the</p>	08/10/2013			

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	<p>heads were covered with lint or damaged:</p> <p>a. One sprinkler head in the ceiling of the laundry closet was covered with lint.</p> <p>b. One sprinkler head in the front room had a bent deflector.</p> <p>Based on interview on 07/11/13 concurrent with the observations with the Home Coordinator it was acknowledged the aforementioned sprinkler head either had foreign material or damage.</p> <p>2. Based on observation, record review and interview, the facility failed to ensure the sprinkler system was maintained in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-4.4 states the owner or occupant shall promptly correct or repair deficiencies, damaged parts or impairments found while performing the inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p>		<p>sprinkler heads to the overnight staff responsibility checklist. House Manager will ensure that they are cleaned on a regular basis. Program Coordinator will make observations during visits to the home. Program Coordinator and SGL Director will review the annual inspections by Ryan Fire and Safety to ensure that all observations are corrected as necessary.</p>				

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	<p>Findings include:</p> <p>Based on observation and review of the "Sprinkler System Inspection Report" dated 05/08/13 on 07/11/13 with the Home Coordinator at 11:45 a.m., the "Explanation of No Answers" section indicated the sprinkler system did not have a hydraulic nameplate.</p> <p>Furthermore, the sprinkler pipe in the attic above the ceiling of the washer closet was unsupported allowing the sprinkler head and protective escutcheon to dangled below the ceiling. Based on interview at the time of record review, the Home Coordinator acknowledged the hydraulic plate had not been addressed and the sprinkler pipe was unsecured.</p>				