

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G074	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2015
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 5924 ABBOTT ST FORT WAYNE, IN 46816
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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: 01/08/15</p> <p>Facility Number: 000618 Provider Number: 15G074 AIM Number: 100233730</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The 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 detection in the corridors, common living areas and hard wired single station smoke detectors in the sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the</p>	K010000		
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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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K010130	<p>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 Prompt with an E-Score of 1.4.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/12/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>The portable fire extinguisher will be recharged</p> <p>PersonResponsible: Maintenance Supervisor CompletionDate: February 7, 2015</p> <p>The fire extinguishers will be checked during each monthly preventative maintenance check</p> <p>PersonResponsible: Maintenance Supervisor</p>	02/07/2015

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K01S120	<p>maintenance no more than one year apart or when specifically indicated by inspection. This deficient practice could affect any clients in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 01/08/14 at 1:34 p.m., the gauge on the portable fire extinguisher located on the wall in the kitchen indicated it needed to be recharged. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD In addition to the primary route, each sleeping room in facilities that use Exception No. 1 to 32.2.3.5.1 has a second means of escape that consists of one of the following:</p> <p>(a) It is a door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.</p> <p>(b) It is a passage through an adjacent nonlockable space, independent of and remotely located from the primary means of escape, to an approved means of escape.</p> <p>(c) It is an outside window or door operable from the inside without the use of tools, keys, or special effort that provides a clear</p>			

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	<p>opening of not less than 5.7 sq. ft. The width is not less than 24 inches. The bottom of the opening is not more than 44 inches above the floor. Such means of escape is acceptable where one of the following criteria are met:</p> <p>(1) The window is within 20 ft of grade.</p> <p>(2) The window is directly accessible to fire department rescue apparatus as approved by the authority having jurisdiction.</p> <p>(3) The window or door opens onto an exterior balcony. 33.2.2.3</p> <p>Exception No. 1: If the sleeping room has a door leading directly to the outside of the building with access to grade or to a stairway that meets the requirements of exterior stairs in 33.2.3.1.2, that means of escape is considered as meeting all the escape requirements for the sleeping room.</p> <p>Exception No. 2: A second means of escape from each sleeping room is not required where the facility is protected throughout by approved automatic sprinkler system in accordance with 33.2.3.5.</p> <p>Exception No. 3: Existing approved means of escape is permitted to continue to be used.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 client sleeping rooms was provided with a secondary means of escape. This deficient practice could affect 1 of 8 clients.</p>	K01S120	<p>The dresser will be moved away from the window</p> <p>Person Responsible: Group Home Supervisor Completion Date: February 7, 2015</p> <p>The QIDP will check to ensure</p>	02/07/2015

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K01S152	<p>During the record review process with the Maintenance Supervisor on 01/18/15 at 1:25 p.m., the facility did have a written fire safety plan but the plan did not address activation of the fire alarm in the event of a fire emergency. This was acknowledged by the Maintenance Supervisor at the time of record review.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of</p>		<p>2015</p> <p>Theevacuation plans will be reviewed quarterly to ensure compliance with theregulations</p> <p>PersonResponsible: QIDP CompletionDate: February 7, 2015</p>	

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K01S152	<p>paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 2 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Drill Form" with the Maintenance Supervisor on 01/08/15 at 1:25 p.m., documentation of a first shift fire drill for the third quarter and a third shift fire drill for the first quarter of 2014 were not available for review. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review to confirm these fire drills were conducted.</p>		<p>Staff will complete fire drills on each shift quarterly</p> <p>Person Responsible: Group Home Supervisor</p> <p>Staff and supervisor will be trained on appropriate documentation of fire drills</p> <p>Person Responsible: Group Home Services Director Completion Date: February 7, 2015</p> <p>The director will complete a quarterly review of drill documentation to ensure that drills are documented</p> <p>Person Responsible: Group Home Services Director Completion Date: February 7, 2015</p>	02/07/2015
K01S155	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to protect 5 of 5 clients by providing a written policy containing</p>	K01S155	<p>The supported living's standard operating procedures will be updated to include a fire watch policy that states that if the</p>	02/07/2015

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	<p>procedures to be followed in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on record review of the fire watch policy with the Maintenance Supervisor on 01/08/15 at 1:30 p.m., the facility did have a written policy and procedure for an fire alarm system. However, based on interview with the Maintenance Supervisor at the time of record review, he acknowledged the procedure did not indicate the individual conducting the fire watch shall be trained in the duties and responsibilities of a fire watch.</p>		<p>fire alarm is impaired for 4 hours, staff willconduct a fire safety check every 15 minutes until the fire alarm is repaired.While doing a fire safety check, staff will check every room in the house forsigns of smoke or fire. Staff will also walk the perimeter of the home checkingfor signs of fire while clients are home. Person conducting the fire watchshall be properly trained prior to conducting a fire watch and assigned noother duties. The authority(s) havingjurisdiction including the Indiana State Department of Health and the localfire department will be notified.</p> <p>PersonResponsible: Group Home Services Director CompletionDate: February 7, 2015</p> <p>The grouphome will have a copy of the standard operating procedures available in thehome for staff use</p> <p>PersonResponsible: House Supervisor CompletionDate: February 7, 2015</p>		