STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITY ENTERPRISES INC	6381 LUTE RD PORTAGE, IN 46368

(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
K 000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 04/29/15 Facility Number: 000600 Provider Number: 15G044 AIM Number: 100233500 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. This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. The facility has a capacity of 8 and had a census of 6 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety,	K 000		

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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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6381 LUTE RD PORTAGE, IN 46368	

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	Chapter 6, rated the facility Prompt with an E-Score of .88.			
K 130 Bldg. 01	Based on observation, record review and interview; the facility failed to ensure the testing of 2 of 2 battery operated, interior battery-operated emergency lights was 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 if the facility were required to evacuate in an emergency during a loss of normal power. Findings include: Based on observation with the Director of Group Homes on 04/29/15 at 11:30 a.m.,	K 130	To ensure the home's emergency lights are tested monthly, the group home manager will test the battery operated emergency lights once a month and document the test on a designated form. In addition, each group home manager will conduct an annual, 90 minute, test of their emergency lights, and document the test on a designated form. Documentation of these tests will be maintained by the Group Home Director or the Executive Assistant to the Program. To ensure this deficient practice does not reoccur, the Group Home Director or Executive Assistant will monitor testing of emergency lights on a monthly basis.	05/28/2015

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OPPORTUNITY ENTERPRISES INC	6381 LUTE RD PORTAGE, IN 46368

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	the group home had two battery powered emergency light units. Based on review of facility fire drills at 10:00 a.m., only 7 of 12 monthly battery powered emergency light tests were documented on the fire drill documentation and none of the 7 drills documented an annual 90 minute test of the battery powered emergency lights. Based on interview at the time of observation, the Director of Group Homes acknowledged the aforementioned conditions.			
K 029 Bldg. 01	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room is protected by one of the following means: (a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than ¾ hour. (b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation is self-closing or automatic closing in accordance with 7.2.1.8. 33.2.3.2.2. Based on observation and interview, the facility failed to ensure the enclosure of 1 of 1 hazardous areas on the same floor which abuts a primary means of escape	K 029	On 5/12/15, an automatic door closer was installed, making this an automatic closing fire door. To ensure this deficient practice does not reoccur, the Group	05/28/2015

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	was provided with a self closing or automatic closing fire door. This deficient practice could affect all clients in the facility. Findings include: Based on observation on 04/29/15 at 11:25 a.m. with the Director of Group Homes, the 90 minute fire rated door separating the primary means of escape from the garage lacked a door closer. The garage area contained a large quantity of combustible material such as 15 bags of clothing, 6 96-gallon plastic trash containers, 20 cardboard boxes, mattresses, wood furniture and 12 plastic tubs. Based on interview at the time of observation, the Director of Group Homes acknowledged the 90 minute fire rated door lacked a door closer.		Home Director will monitor this, along with other life safety codes, in a monthly facility check. Documentation of these facility checks will be maintained by the Group Home Director or the Executive Assistant.	
K 056 Bldg. 01	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. Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for			

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	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. Exception No. 2: Not applicable 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. 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. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 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			

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	adequacy of the water supply is documented to the authority having jurisdiction. Exception No. 1: Not Applicable Exception No. 2: Not Applicable 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. 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. Exception No. 5: Not Applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. 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.			

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	Exception No. 1: Not Applicable. 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. Exception No. 3: Not Applicable. Exception No. 4: Not Applicable. 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 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. Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.			
	Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition and inspected	K 056	The facility's fire protection company, Shambaugh and Son, was contacted and a technician is scheduled to replace all gauges, that have not been replaced or	05/18/2015

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	and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and clients. Findings include: Based on observation with the Director of Group Homes at 11:10 a.m. on 04/29/2015, the sprinkler system located in the sprinkler riser room had two pressure gauges. The two gauges were manufactured in 2007 and 2008 respectively. The gauge manufactured in 2007 had 12/09 written on the top of the gauge. Based on interview at the time of observation, the Director of Group Homes acknowledged the gauges were over five years old and lacked documentation of calibration.		tested within the past 5 years. To ensure this deficient practice does not reoccur, the Group Home Director or the Executive Assistant will monitor all record and documentation of any fire alarm system checks and sprinkler system checks, performed by Shambuagh and Son, or any other contracted fire protection company. In addition, the Group Home Director will monitor this, along with other life safety codes, in a monthly facility check. Documentation of these facility checks will be maintained by the Group Home Director or the Executive Assistant.	