

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G726	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/10/2016
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES	STREET ADDRESS, CITY, STATE, ZIP CODE 501 ALBERT ST VALPARAISO, IN 46383
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K 0000 Bldg. 01	<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: 05/10/16</p> <p>Facility Number: 004789 Provider Number: 15G726 AIM Number: 200827230</p> <p>At this Life Safety Code survey, Opportunity Enterprises 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, in common living areas and hard wired detectors in all client sleeping rooms. The facility has the capacity for 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,</p>	K 0000		
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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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K 0130 Bldg. 01	<p>Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.2.</p> <p>Quality Review completed on 05/13/16 - DA</p> <p>Based on observation and interview, the facility failed to ensure 9 of 9 compressed oxygen cylinders were properly restrained. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraint shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect staff and all clients.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Developmental Disability Professional on 05/10/16 at 12:35 p.m., nine oxygen cylinders were standing upright on the floor unrestrained. Based on interview at the time of observation, the Qualified Developmental Disability Professional acknowledged the aforementioned condition.</p>	K 0130	The agency will provide an approved oxygen cylinder restraint system, for proper storage of empty and full tanks, within the home. To ensure this storage system is utilized properly, the QDDP and or Group Home Director will verify initial installation and ensure safe ongoing use through monthly safety checks, at the group home.	06/10/2016			
K S018	483.470(j)(1)(i)						

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Bldg. 01	<p>LIFE SAFETY CODE STANDARD</p> <p>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation, the facility failed to ensure 1 of 6 sleeping room doors would latch into the door frame. This deficient practice could affect staff and at least 1 client.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Developmental Disability Professional on 05/10/16 at 12:07 p.m., the corridor door to Bedroom #1 failed to latch into the frame when tested. Based on interview at the time of observation, the Qualified Developmental Disability Professional acknowledged the aforementioned condition.</p>	K S018	To ensure this deficient practice did not affect other clients, the facility checked all other client bedroom doors, no other deficiencies were found. The agency immediately corrected the adjustment mechanism on the client's bedroom door so that the mechanism successfully closed the door into the door frame and the door latched. To ensure this deficient practice does not reoccur, the QDDP and or Group Home Director will test all client bedroom doors, ensuring they close and latch within their frame, during a monthly safety inspection at each group home.	06/03/2016
K S046 Bldg. 01	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p>			

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K S051 Bldg. 01	<p>Based on observation and interview, the facility failed to ensure 1 of 1 multiplug and 1 of 1 extension cord was not used as a substitute for fixed wiring to provide power equipment. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and up to 6 residents.</p> <p>Findings include:</p> <p>Based on observation with the Quality Intellectual Disability Professional on 05/10/16 at 12:29 p.m., a multiplug adapter was powering an extension cord which was powering a radio in the garage. Based on interview at the time of observation, the Quality Intellectual Disability Professional acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the</p>	K S046	All other appliances and devices were inspected, to ensure this deficient was an isolated one; no other deficiencies were found. The facility moved both appliances so that they could plug directly into an outlet, without an extension cord. To ensure this deficient practice does not reoccur, the QDDP and or Group Home Director will inspect appliances and devices to ensure there is no use of extension cords, during a monthly safety inspection at each group home.	06/06/2016			

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	<p>smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to ensure 4 of 6 bedroom smoke detectors was not installed where air flow would adversely affect the operation. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with NFPA 72, National Fire Alarm Code, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect staff and at least 4 clients.</p> <p>Findings include:</p> <p>Based on observation with Qualified Developmental Disability Professional on 05/10/16 between 12:07 p.m. and 12:19 p.m., the following smoke detectors were located near an HVAC vent:</p> <p>a) smoke detector in Bedroom #1 was 18 inches away b) smoke detector in Bedroom #2 was 24 inches away c) smoke detector in Bedroom #3 was 18 inches away d) smoke detector in Bedroom #4 was 18 inches away Based on interview at the time of each</p>	K S051	To ensure this deficient practice did not affect other clients, the facility checked all other smoke detectors, no other deficiencies were found. The agency's fire protection company will install partitions that will separate the air between the smoke detector and the cold air return vent. This will ensure that air flow will not adversely affect the smoke detector's operation. To ensure this deficient practice does not reoccur, the QDDP and or Group Home Director will continue to inspect smoke detectors and ensure that air flow will not adversely affect the operation of the smoke detector, during a monthly safety inspection at each group home.	06/10/2016			

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K S056 Bldg. 01	<p>observation, the Qualified Developmental Disability Professional acknowledged each aforementioned condition and provided the measurements.</p> <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>			

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	<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> <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</p>			

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	<p>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> <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</p>			

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	<p>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.</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>Based on observation and interview, the facility failed to ensure the spray pattern for 1 of 1 sprinkler head in Bedroom #2 and 1 of 1 sprinkler head in Bedroom #3 was unobstructed. NFPA 25, 1998 Edition Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. NFPA 13, 1999 Edition Standard for the Installation of Sprinkler Systems, Table 5-6.5.1.2 states that distance between a sprinkler head an obstruction less than 1 foot away cannot be lower than the sprinkler head deflector. This deficient practice could affect staff at least 2 clients.</p> <p>Findings include:</p>	K S056	<p>To ensure this deficient practice did not affect other clients, the facility checked all sprinkler heads to ensure an unobstructed spray pattern, no other deficiencies were found.</p> <p>The agency will remove the ceiling fan that is located too close to the sprinkler head. This will ensure that the spray pattern will not be adversely affected. To ensure this deficient practice does not reoccur, the QDDP and or Group Home</p>	06/17/2016

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	Based on observation with the Qualified Developmental Disability Professional on 05/10/16 at 12:11 p.m. then again at 12:18 p.m., the spray pattern for the sprinkler head in Bedroom #2 was located next to ceiling fan. Measurements showed the sprinkler head was 8 inches away from the ceiling fan. The ceiling fan was measured to be 6 inches lower than the sprinkler head deflector. Then again, the spray pattern for the sprinkler head in Bedroom 3 was located next to ceiling fan. Measurements showed the sprinkler head was 8 inches away from the ceiling fan. The ceiling fan was measured to be 6 inches lower than the sprinkler head deflector. Based on interview at the time of each observation, the Qualified Developmental Disability Professional acknowledged each abovementioned condition and provided the measurements.		Director will continue to inspect sprinkler heads and ensure that their spray patterns will not be adversely affected, during a monthly safety.	