

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G751	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2015
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4915 HAFFNER DR FORT WAYNE, IN 46835
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(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
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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: 06/11/15</p> <p>Facility Number: 011870 Provider Number: 15G751 AIM Number: 200912390</p> <p>At this Life Safety Code survey, Easter Seals ARC of Northeast Indiana 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 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, sleeping rooms and common living areas. The facility has a capacity of 6 and had a census of 6 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</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>Score (E-Score) using NFPA 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.5.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview the facility failed to ensure a monthly fire extinguisher inspections was documented, including the date and initials of the person performing the inspections for 4 of 4 portable fire extinguishers. NFPA 101, Section 4.5.7 states any device, equipment, system required for compliance with the Code shall thereafter be maintained unless the code exempts such maintenance. NFPA 10, Standard for Portable Fire Extinguishers, 4-3.1 requires extinguishers shall be inspected monthly. NFPA 10, 4-2.1 defines inspection as a quick check that an extinguisher is available and will operate. NFPA 10, 4-3.4.2 requires at least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. This deficient practice could affect all occupants.</p> <p>Findings include:</p>	K 0130	<p>Maintenancestaff will write the date on the monthly inspections and initial the inspectiontags on all fire extinguishers</p> <p>Personresponsible: Maintenance Supervisor CompletionDate: July 11, 2015</p>	07/11/2015

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K S152 Bldg. 01	<p>Based on observation with the Maintenance Tech 1 on 6/11/15 between 12:15 p.m. and 12:45 p.m., the inspection tag on the back door and kitchen fire extinguishers lacked initials and a date of a monthly inspection for April and May 2015, and the inspection tag on the front door and laundry fire extinguishers lacked initials and a date of a monthly inspection for May 2015. Based on interview ant the time of observation, the Maintenance Tech 1 acknowledged the missing monthly inspections.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>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</p>			

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	<p>evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review, the facility failed to conduct quarterly fire drills at unexpected times on first shift for 4 of the last 4 calendar quarters. LSC 4.7.5 requires drills be held at unexpected times and varying conditions. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During record review titled "Easter Seals ARC Fire Drill Form" with the Maintenance Tech 1 on 06/11/15 at 12:15 p.m., all first shift drills for the last calendar year took place from 5:00 a.m. to 6:30 a.m. Based on interview during recorders review, the Maintenance Tech 1 confirmed the fire drill documentation noted all first shift drills for the last four quarters took place between 5:00 a.m. and 6:30 a.m.</p>	K S152	<p>The grouphome drill schedule will be updated to include quarterly fire and tornadodrills on each shift. The schedule will include the specific hour that staff should run the drill so that the times vary</p> <p>PersonResponsible: Director of Group Home Services Completion Date: June 12, 2015</p> <p>The QIDP will review completed drill forms to ensure that they were run correctly</p> <p>PersonResponsible: QIDP CompletionDate: July 11, 2015</p>	07/11/2015