

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G653	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2014
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1118 22ND ST BEDFORD, IN 47421
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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: 06/10/14</p> <p>Facility Number: 001094 Provider Number: 15G653 AIM Number: 100235630</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</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 monitored fire alarm system with hard wired smoke detectors in the corridors, in sleeping rooms, and in common living areas. 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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K010130	<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 0.36.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>	K010130	<p>Plan of Correction: All 3 emergency interior light batteries have been replaced, they are functioning properly and have been tested for at least 90 minutes. Plan of Prevention: Facility staff have been trained on conducting a monthly check of each emergency light to last at least 30 seconds. The fire/safetyequipment checklist has been amended to record time elapsed per test. Quality Monitoring: An electronic alert system has been created for this facility to alert the maintenance supervisor that quarterlyand annual inspections of the fire/safety equipment are due and will arrange on-site inspections</p>	07/10/2014			
	<p>Based on record review, observation and interview; the facility failed to ensure 3 of 3 interior emergency lights were tested and the records of the testing maintained, furthermore, the facility failed to ensure 2 of 3 interior emergency lights were functioning properly. 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</p>						

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	<p>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 review of the Emergency Light Check-off Sheet on 06/10/14 at 11:30 a.m. with the House Manager and Food Manager Professional Services person (FMPS) present, the facility has three battery operated emergency light sets which have not been tested since 06/12/13. Furthermore, the Emergency Light Check-off Sheet did not indicate the tests were for thirty seconds monthly and there was no ninety minute test mentioned. Based on observations at 11:45 a.m. during a tour of the facility with the FMPS, two of the three emergency light sets did not work when tested, the one in the dining room and the one in the front entrance hall. The one in the client sleeping room hall did work when tested. This was acknowledged by the House Manager and FMPS at the</p>		<p>with the contracted company. The agency has changed the contract with the fire/safety monitoring and equipment company to do a quarterly inspection of the facility's fire safety equipment. The company has been notified that the annual equipment testing must include a 90 minute test of all emergency lighting boxes.</p>				

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K01S051	<p>time of record review and by the FMPS at the time of each emergency light test.</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 smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm system's components and devices such as smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was complete. LSC 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, and fire alarm control equipment be tested annually. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p>	K01S051	<p>Plan of Correction: The facility sent a copy of the Indiana State Department of Health's letter dated July 31, 2014 to the contracted fire alarm company, notifying them that their reports do not meet the standards of 7-5.2.2 of the 1999 Edition of the NFPA 72, National Fire Alarm Code. They have scheduled a re-inspection of the facility and will complete the required report. See attached communication Plan of Prevention: The facility maintenance staff will review all reports completed by contracted companies to ensure that they list all devices, identification numbers and locations per code</p>	08/12/2014

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K01S053	<p>Based on review of the facility's fire alarm system annual inspection report on 06/11/14 at 4:00 p.m. sent via E-mail on 06/11/14 at 8:27 a.m. from the Client Support Coordinator, the annual fire alarm system inspection report dated 06/04/14 did not include an itemized check list of all devices tested including location, type of device, visual/functional test, and pass/fail result. A return E-mail was sent to the Client Support Coordinator on 06/11/14 at 4:23 p.m. to ask if there was more information available, i.e., an itemized list of devices inspected. There was no response.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3.</p> <p>Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each</p>			

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	<p>sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system.</p> <p>Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Based on record review and interview, the facility failed to ensure 13 of 13 smoke detectors were tested for sensitivity for the past three years. LSC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its</p>	K01S053	<p>Plan of Correction: The contracted company's fire alarm system inspection dated 6-4-2014 reports 11 smoke detectors. The contracted company's Smoke Detector Sensitivity Report lists 12 smoke detectors. The facility's maintenance supervisor sent a report on 8/7/2014 that the facility has 11 smoke detectors. The contracted company has been notified that there is a discrepancy in it's two reports. The contracted company and has scheduled a re-inspection of the facility. See attachments</p> <p>Plan of Prevention: The facility maintenance supervisor will review all reports from contracted companies to ensure they met regulations and are accurate.</p>	07/10/2014

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	<p>listed and marked sensitivity range it shall be tested using the following methods:</p> <p>(a) Calibrated test method.</p> <p>(b) Manufacturer's calibrated sensitivity test instrument.</p> <p>(c) Listed control equipment arranged for the purpose.</p> <p>(d) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.</p> <p>(e) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction. Paper or electronic media shall be acceptable. This deficient practice could affect all clients, as well as</p>			

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K01S056	<p>staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire alarm system testing reports in the Inspections folder on 06/10/14 at 12:15 p.m. with the Food Manager Professional Services (FMPS) person and the House Manager present, the most recent documented sensitivity test report available to show all thirteen smoke detectors had been tested for sensitivity was dated 05/04/11. During an interview at the time of record review, the FMPS and the House Manager acknowledged there were no other documented reports available to show the thirteen smoke detectors had been tested for sensitivity since 05/04/11.</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</p>						

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	<p>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 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</p>			

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	<p>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> <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>			

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	<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 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. Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested during 3 of 4 quarters. LSC 9.7.5 refers</p>	K01S056	Plan of Correction: The facility has employed a contracted company to complete a sprinkler system inspection. See attached report	07/10/2014			

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K01S152	<p>to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, and pressure switches that provide audible or visual signals be tested quarterly. Vane-type waterflow devices may be tested semi-annually. This deficient practice could affect all clients, visitors and staff.</p> <p>Findings include:</p> <p>Based on review of the sprinkler inspections in the Inspections folder on 06/10/14 at 11:50 a.m. with the Food Manager Professional Services (FMPS) person and the House Manager present, the most recent sprinkler system inspection of waterflow alarm devices was dated 05/09/13. Based on interview at the time of record review, the FMPS and House Manager acknowledged no sprinkler system inspections of waterflow alarm devices has been performed since 05/09/13.</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 -</p>		<p>Plan of Prevention: The facility has a contract with a sprinkler system equipment and testing company to increase facility inspections from annually to quarterly. The facility's quarterly assurance monitoring checklist has been amended to include a completed report on the sprinkling system.</p>	

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	<p>(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 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 ensure fire drills were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all clients in the facility.</p> <p>Findings include: Based on review of the facility's Fire Drills Information folder on 06/10/14 at 11:00 a.m. with the House Manager and Food Manager Professional Services person (FMPS) present, three of four first</p>	K01S152	<p>Plan of Correction: The facility completed the required number of fire drills for each shift for each quarter. The report notes that there were sleep time drill variations of time from 3:45am to 4:40am which apparently was not acceptable. The facility staff will be trained to vary the day, the time interval and the initiating devices to meet CMS regulations for varied conditions Plan of Prevention: The facility will revise its fire drill schedule to reflect the required time, day and device variations The Quality Monitoring checklist will be</p>	08/12/2014

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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1118 22ND ST BEDFORD, IN 47421			
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	shift (day) fire drills performed during the past twelve months were held at 9:10 a.m., furthermore, four of four third shift (night) fire drills performed during the past twelve months were held between 3:45 a.m. and 4:40 a.m. Based on interview at the time of record review, the House Manager and FMPS both acknowledged the times of the first and third shift fire drills were not varied.		monitored by the facility coordinator monthly to ensure fire drills with proper intervals have been completed. The facility director will review all quality assurance reports.				