

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G075	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/14/2013
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NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 4422 LAKE AVE FORT WAYNE, IN 46815
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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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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: 05/14/13</p> <p>Facility Number: 000619 Provider Number: 15G075 AIM Number: 100233750</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, 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 single station battery operated smoke detectors in the sleeping rooms. The facility has a capacity of 8 and had a census of 8 at the time of this</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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	<p>survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.4.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD 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 and interview, the facility failed to ensure 1 of 8 sleeping room doors would latch into the door frame. This deficient practice could affect 1 of 8 clients.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Technician # 1 on 05/14/13 at 11:53 a.m., the southeast sleeping room door failed to latch into the door frame. This was acknowledged by Maintenance Technician # 1 at the time of observation.</p>	K01S018	<p>PLAN OF CORRECTION FOR LIFE SAFETY CODE SURVEY MAY 14, 2013 EASTER SEALS ARC OF NORTHEAST INDIANA 4422 LAKE AVE FORT WAYNE IN 46815</p> <p>- - <u>KS018</u></p> <p>The maintenance department inspected all the bedroom doors and installed a new hinge on the door that would not latch</p> <p>Person Responsible: Maintenance supervisor Completion Date: May 20, 2013</p> <p>Maintenance staff does monthly preventative maintenance checks</p>	06/13/2013			

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			<p>on all group homes monthly on an ongoing basis.</p> <p>Person responsible: Maintenance Supervisor</p>	