

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G257	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	STREET ADDRESS, CITY, STATE, ZIP CODE 2524 BEECHWOOD CIR FORT WAYNE, IN 46807
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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: 000777 Provider Number: 15G257 AIM Number: 100243390</p> <p>At this Life Safety Code survey, The 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 two story facility with a basement was not sprinklered. The facility has a fire alarm system with smoke detection on all levels including in the corridors and common living areas. The facility has a capacity of 5 and had a census of 5 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 S046 Bldg. 01	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.9.</p> <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> <p>Based on observation and interview, the facility failed to ensure 1 of 4 wet location client care areas was provided with a ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, in 210.8(A), Dwelling Units, requires ground-fault circuit-interrupter (GFCI) protection for all personnel in bathrooms and kitchens where the receptacles are intended to serve the countertop surfaces. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice can affect all clients using the main floor restroom.</p> <p>Findings include:</p> <p>Based on observation during a tour of the</p>	K S046	<p>The receptacle has been changed</p> <p>Person Responsible: Maintenance Supervisor Completion Date: June 12, 2015</p> <p>Maintenance staff does monthly preventative maintenance checks on all group homes monthly on an ongoing basis.</p> <p>Person responsible: Maintenance Supervisor</p>	06/12/2015

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K S149 Bldg. 01	<p>facility with the Maintenance Tech 1 on 06/11/15 at 10:30 a.m., the bathroom on the main floor had a GFCI receptacle on the wall within two feet of the hand sink. When the test button was pressed on a GFCI testing device, power was not interrupted indicating the GFCI receptacle was wired improperly. Based on interview at the time of observation, the Maintenance Tech 1 acknowledged power was not interrupted when the receptacle was tested with the GFCI testing device.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Where smoking is permitted, noncombustible safety type ashtrays or receptacles are provided in convenient locations. 32.7.4.2, 33.7.4.2 Based on observation and interview, the facility failed to enforce 1 of 1 smoking policies. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Tech 1 on 06/11/15 at 10:15 a.m., there were 4 cigarette butts extinguished in a planter on the front porch, also next to the planter there was a covered ash try. Based on record review of Easter Seals ARC (ESARC) smoking policy, the policy</p>	K S149	<p>The grouphome will be retrained on the agency smoking policy which prohibits smoking on agency property</p> <p>PersonResponsible: QIDP CompletionDate: July 11, 2015</p> <p>The QIDP will conduct monthly observations of the group home on an ongoing basis. During the observations, the QIDP will check for adherence to the smoking policy</p> <p>PersonResponsible: QIDP CompletionDate: July 11, 2015</p>	07/11/2015

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K S152 Bldg. 01	<p>stated there is no smoking allowed on ESARC property. Based on interview at the time of observation and during record review, Maintenance Tech 1 acknowledged that ESARC was a smoke free facility and there were cigarette butts in a planter on the front porch.</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 - (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, the facility failed</p>	K S152	The supportediving drill schedule will be updated to include	07/11/2015

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	<p>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>		<p>quarterly fire and tornadodrills on each shift. The schedule will include the specific hour that staffshould run the drill to ensure that the times vary</p> <p>PersonResponsible: Director of Group Home Services Completion Date:June 12, 2015</p> <p>The QIDP willreview completed drill forms to ensure that they were run correctly</p> <p>PersonResponsible: QIDP CompletionDate: July 11, 2015</p>	