

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G134	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2016
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NAME OF PROVIDER OR SUPPLIER ARC OPPORTUNITIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 0170 W 300 N HOWE, IN 46746
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K 0000 Bldg. 02	<p>A Life Safety Code Certification was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 01/28/16</p> <p>Facility Number: 000671 Provider Number: 15G134 AIM Number: 100234320</p> <p>At this Life Safety Code survey, ARC Opportunities 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 32, New Residential Board and Care Occupancies and with 410 IAC 16.2-7-1, Facilities for the Developmentally Disabled of the Indiana Health Facilities Rules.</p> <p>This one story facility was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, client 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>	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. 02	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility prompt with an E-Score of 0.3.</p> <p>Quality Review completed on 01/28/16 - DA</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on record review and interview, the facility failed to ensure a written record of weekly inspections of the starting batteries for the generator was maintained for 52 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly</p>	K 0130	<p>1 The CEO, maintenance personnel, and the Residential Director will meet with generator specialist to develop a form to document weekly inspections, that can be conducted on a residential generator, this form will be developed by 02/27/2016</p> <p>2 The CEO, maintenance personnel, and the Residential Director will meet with the generator specialist to develop a form to document monthly load testing and required components that can be conducted on a residential generator The system will be run for a minimum of 30 minutes under accepted loads and documented on the appropriate form A record of all inspections, performance, exercising period, and repairs for the residential generator will be maintained and available for inspection by the authority having jurisdiction</p>	02/27/2016	

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	<p>maintained and available by the authority having jurisdiction. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on interview and review of generator documentation with the Qualified Developmental Disability Professional and CEO on 01/28/16 at 12:36 p.m., no documentation of weekly generator inspections was available for review.</p> <p>2. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 12 of the last 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, whichever is greater, at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and</p>		<p>In the future it will be the responsibility of the maintenance personnel to ensure all documentation of weekly and monthly tests are completed and documented in a timely manner as well as to schedule all necessary repairs, maintenance, and annual inspections and maintain documentation for inspection by the authority having jurisdiction</p> <p>3 The form currently utilized to document monthly inspections will be revised by the QMR to include a line to document the actual time each emergency light in facility is tested monthly Additionally a line will be added to the preventative maintenance form to document the annual test with a duration of not less than 90 minutes on each emergency light It will be the responsibility of the maintenance personnel to document on the form the amount of time each light is tested In the future the maintenance personnel will utilize this revised form each month when inspections are completed and maintain them for review by the authority having jurisdiction</p>				

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	<p>repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on interview and review of generator documentation with the Qualified Developmental Disability Professional and CEO on 01/28/16 at 12:36 p.m., no documentation of monthly generator testing was available for review.</p> <p>3. Based on record review and interview; the facility failed to ensure 4 of 4 battery operated emergency lights in the facility was maintained in accordance with LSC 7.9. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than a 1 ½ hour duration. 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 clients, staff and visitors</p>			

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K S046 Bldg. 02	<p>throughout the facility.</p> <p>Findings include:</p> <p>Based on record review, observation, and interview with the Qualified Developmental Disability Professional and CEO on 01/28/16 at 12:45 p.m., the facility had four emergency battery powered emergency lights. No documentation was available for review.</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 1 flexible cord was not used as a substitute for fixed wiring. 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 all clients.</p> <p>Findings include:</p> <p>Based on observation with Qualified Developmental Disability Professional on 01/28/16 at 12:25 p.m., an extension cord was powering a stereo in the Living Room. Based on interview at the time of observation, the Qualified Developmental</p>	K S046	<p>It will be the responsibility of the maintenance personnel to remove the improper extension cord from the facility and to utilize an acceptable surge protector device to plug in the DVD player furthermore it will be the responsibility of the RHM to ensure that extension cords are not used in the residence as a substitute for fixed wiring in the home</p> <p>In the future it will be the shared responsibility of the DSP's, RHM, and QIDP, to complete a maintenance request form for required wiring modifications It will be the responsibility of the maintenance personnel to provide or secure the necessary electrical arrangement as required by all codes, regulations, and approved guidelines</p>	02/01/2016

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K S051 Bldg. 02	<p>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. 32.2.3.4.1. 1. Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems components and devices, such as, smoke detectors, horn/strobe devices, fire alarm boxes, and fire alarm control equipment was tested annually. LSC 9.6.2.10 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> <p>Based on record review and interview with the Qualified Developmental Disability Professional and CEO on 01/28/16 at 12:57 p.m., no fire alarm report was available for review.</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 set of smoke detectors, tested by a qualified service technician, were within their listed and marked sensitivity range. LSC</p>	K S051	<p>1 It will be the responsibility of the maintenance personnel to schedule and ensure all annual inspections of the fire system components and devices, such as, smoke detectors, horns/strobes devices, fire alarm boxes, and fire alarm control equipment are tested annually and that the documentation of said inspections are received timely and available for review</p> <p>2 It will be the responsibility of the maintenance personnel to schedule and ensure the fire alarm sensitivity test is conducted annually per the requirements and that documentation of said tests are received timely and available for review Any detector found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced by the outside contractor Any and all repairs will be documented and available for review</p> <p>In the future it will be the responsibility of the maintenance personnel to ensure that all required testing and documentation are completed per fire code, state and federal regulations and that documentation are readily</p>	02/27/2016

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	Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3 requires testing to be in accordance with Section 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods: (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.		available for review as reuired		

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K S056 Bldg. 02	<p>(5) Other calibrated sensitivity 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 cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all occupants in the facility including staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with Qualified Developmental Disability Professional and CEO on 01/28/16 at 12:57 p.m., no smoke detector sensitivity documentation was available for review.</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 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water supply is documented to the authority having jurisdiction.</p>			

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	<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. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</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 an 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</p>						

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	<p>coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</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. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</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 32.2.3.5.5.</p>			

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	<p>MPRACTICAL</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>32.2.3.5.2.</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 system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</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 stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</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,</p>	K S056	It will be the responsibility of the	02/27/2016

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K S123 Bldg. 02	<p>the facility failed to ensure 1 of 1 sprinkler system components was inspected quarterly for 4 of 4 calendar quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all staff, visitors, and clients.</p> <p>Findings include:</p> <p>Based on sprinkler system record review with the Qualified Developmental Disability Professional and CEO on 01/28/16 at 12:12 p.m., there was no quarterly sprinkler system inspection report available. Based on interview the Qualified Developmental Disability Professional and CEO acknowledged the aforementioned condition.</p> <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Every bathroom door is designed to allow</p>		<p>Maintenance Personnel to schedule a qualified outside contractor to inspect the sprinkler system components on a quarterly basis and to provide the proper documentation of said inspections timely Going forward we will request that the outside contractor place our facility on an automatic renewal inspection quarterly to avoid untimely inspections in the future and to provide all required documentation timely for review</p>		

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	<p>opening from the outside during an emergency when locked. 32.2.2.5.4, 33.2.2.5.4</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 bathroom doors could be unlocked from the outside during an emergency. This deficient practice could affect anyone locked in the bathroom during a fire or other emergency.</p> <p>Findings include:</p> <p>Based on observations with the Qualified Developmental Disability Professional on 01/28/16 at 12:21 p.m., the North Hallway bathroom door had a lock that could be operated from inside the bathroom. When tested, the Qualified Developmental Disability Professional was unable to unlock the bathroom door. Based on interview at the time of observation, the Qualified Developmental Disability Professional acknowledged the aforementioned condition.</p>	K S123	<p>It will be the responsibility of the maintenance department to secure and install devices above the 3/3 bathroom doors to ensure that the bathroom doors can be unlocked from the outside in the event of a potential emergency situation (Note 2 devices are in the home as of 01/29/2016 remainder will be obtained and installed by 2/19/2016)</p> <p>In the future it will be the responsibility of the DSP's to daily do a visual inspection to ensure unlocking devices are in proper placement and available for potential emergency situations. In addition the maintenance personnel during monthly inspections will check for proper placement and availability of unlocking devices and record on the monthly preventative Checklist form. Any deficiencies will be corrected upon discovery.</p>	02/19/2016	