

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G512	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/14/2013
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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 355 SHEFFIELD VALPARAISO, IN 46383
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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: 08/14/13</p> <p>Facility Number: 001026 Provider Number: 15G512 AIM Number: 100245160</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Life Safety Code survey, Opportunity Enterprises 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in 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>	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>Score (E-Score) using, NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 2.16.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure 1 of 2 battery operated, interior emergency lights was functioning. 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 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 if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Developmental Disabled Professional Designee (QDDPD) on 08/14/13 from 10:30 a.m. to 11:15 a.m., the battery powered emergency light/exit sign combination unit in the hallway failed to illuminate when the test button was</p>	K010130	K130-The maintenance department fixed the emergency lighting on 8/21/2013. To ensure further compliance, the QDDPD will test the battery operated emergency lights at monthly house visits. An annual test will be conducted by the QDDPD for not less than 90 consecutive minutes to ensure the emergency lights are in proper working order.	09/13/2013			

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	pressed. Based on interview at the time of observation, the QDDPD acknowledged the unit did not function.			

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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 2 of 3 bedroom doors would close and securely latch into the door frame. This deficient practice could affect 4 of 6 clients in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Developmental Disabled Professional Designee (QDDPD) on 08/14/13 from 10:30 a.m. to 11:15 a.m., the southwest and southeast bedrooms' corridor doors south of the smoke barrier were provided with ball latches. The ball latches for doors to the southwest and southeast bedrooms were not capable of keeping the doors fully closed when a force was applied to the doors. Based on interview at the time of observation, the QDDPD acknowledged the aforementioned bedroom doors with the ball latches were</p>	K01S018	<p>□□□□ K018-The doors were repaired on 8/21/2013 and they now properly latch to the door frames. To ensure further compliance, the QDDPD will check bedroom doors to ensure they are latching properly during monthly house visits.</p>	09/13/2013			

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	easily opened when a force was applied to the door.			

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K01S046	<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 electrical extension cords was not used as a substitute for fixed wiring. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice would not directly affect clients.</p> <p>Findings include:</p> <p>Based on observation with the Qualified Developmental Disabled Professional Designee (QDDPD) on 08/14/13 from 10:30 a.m. to 11:15 a.m., the utility room with exterior access only had an orange extension cord connected to the water softener. Based on interview at the time of observation, the QDDPD acknowledged the aforementioned water softener was plugged into an extension cord.</p>	K01S046	<p>□□□□ K0046-A licensed electrician met with QDDPD on 8/21/2013 to assess the electrical wiring in the utility room. The electrical extension cord will be removed and replaced with fixed wiring. The wiring will be installed and in proper working order no later than 8/30/2013. All group home managers will be informed at a meeting on 8/23/13 that extension cords are never to be used as a substitute for fixed wiring. To ensure further compliance, the GH Manager will monitor at monthly house visits to ensure extension cords are not being utilized as a substitute for fixed wiring.</p>	09/13/2013

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