

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G415	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/09/2014
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS ARC OF NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 8626 STANDRIDGE RUN FORT WAYNE, IN 46825
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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: 04/09/14</p> <p>Facility Number: 000929 Provider Number: 15G415 AIM Number: 100244520</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Easter Seals ARC of Northeast Indiana 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 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 5 and had a census of 5 at the time of this survey.</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>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 1.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/10/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010130	<p>Based on observation and interview, the facility failed to ensure 3 of 3 interior emergency lights were tested annually and the records of the testing maintained. 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 Maintenance Technician # 1 on 04/09/14 from 11:00 a.m. to 11:31 a.m., three battery powered emergency lights were located throughout the facility. Based on interview with Maintenance Technician # 1 at the time</p>	K010130	<p>Annual 1 ½ hour duration tests will be performed on all battery powered lights</p> <p>Person Responsible: Maintenance Supervisor</p> <p>Completion Date: May 9, 2014</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> <p>Completion Date: May 9, 2014</p>	05/09/2014			

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	of observations, the facility does not perform an annual 1 ½ hour duration test for the battery powered lights.			
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K01S150	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities are in accordance with provisions of 10.3.1. 32.7.5.1, 33.7.5.1</p> <p>Based on interview and observation, the facility failed to ensure new draperies and curtains in 3 of 3 sleeping rooms were flame resistant. LSC Section 10.3.1 requires draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Method of Fire Tests for Flame Propagation of Textiles and Films. This deficient practice affects all clients.</p> <p>Finding include:</p> <p>Based on observations with Maintenance Technician # 1 on 04/09/14 from 11:20 a.m. to 11:31 a.m., curtains were hung at the windows in all three sleeping rooms. Based on an interview with Maintenance Technician # 1 at the time of observations, the mini blinds at each window were provided by the facility but the clients' family must have installed the curtains, therefore no documentation was available to confirm the curtains were flame resistant.</p>	K01S150	<p>The curtains in the bedrooms will be removed</p> <p>Person Responsible: Group home supervisor</p> <p>Completion Date May 9, 2014</p> <p>The assistant director must approve all new curtain purchases to ensure that the curtains meet flammability requirements.</p> <p>Person Responsible: Assistant Director</p> <p>Completion Date: May 9, 2014</p>	05/09/2014			

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K01S152	<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. 1. Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include: Based on review of the "Fire Drill Form" with the Central Files Supervisor on</p>	K01S152	The group home staff will be retrained to complete fire drills monthly Person Responsible: QIDP Completion Date: May 9, 2014 The QIDP will complete a checklist monthly for the next 3 months to track that the group home is completing monthly fire drills Person Responsible: QIDP Completion Date: May 9, 2014 The drill schedule will be updated to randomly space all	05/09/2014			

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	<p>04/09/14 at 10:54 a.m., a third shift fire drill was not conducted for the fourth quarter of 2013. Based on an interview with the Central Files Supervisor at the time of record review, no other documentation was available for review.</p> <p>2. Based on record review and interview, the facility failed 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 clients.</p> <p>Findings include:</p> <p>During review of the "Fire Drill Form" with the Central Files Supervisor on 04/09/14 at 11:55 a.m., all first shift fire drills for the last four quarters took place between 6:05 a.m. and 6:30 a.m. This was acknowledged by the Central Files Supervisor at the time of record review.</p>		<p>drills throughout the shifts. _ Person Responsible: Assistant Director Completion Date: May 9, 2014</p>		