

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G437	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2023
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NAME OF PROVIDER OR SUPPLIER ARC SOUTHWEST INDIANA, THE	STREET ADDRESS, CITY, STATE, ZIP COD 1015 S STOUT ST PRINCETON, IN 47670
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 07/13/23</p> <p>Facility Number: 000951 Provider Number: 15G437 AIM Number: 100244590</p> <p>At this Emergency Preparedness survey, The Arc of Southwest Indiana was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 8 certified beds. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 07/18/23</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 07/13/23</p> <p>Facility Number: 000951 Provider Number: 15G437 AIM Number: 100244590</p> <p>At this Life Safety Code survey, The Arc of Southwest Indiana was found not in compliance with Requirements for Participation in Medicaid,</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
G. Wesley Bennett	Residential Director	07/31/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 S100 Bldg. 01	<p>42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms, and common living areas, plus heat detectors located in the attic connected to the fire alarm system. The facility has a capacity of 8 and had a census of 8 at the time of this 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 1.86.</p> <p>Quality Review completed on 07/18/23</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 bathroom exhaust vent fans were free of lint/dirt. NFPA 101 at 33.1.1.3 refers to Chapter 4, General. 4.5.8 at Maintenance states whenever or wherever an device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such</p>	K S100	Staff was in serviced on cleaning the exhaust vents. Maintenance and Home Manager will check monthly that the vents in the facility are clean and are functioning correctly.	07/24/2023

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K S347 Bldg. 01	<p>device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance. This deficient practice could affect all client.</p> <p>Findings include:</p> <p>Based on observations on 07/13/23 between 10:00 a.m. and 12:00 p.m. during a tour of the facility with the Maintenance Director and Residential Administrative Assistant, the two bathroom exhaust vent fans were substantially covered/filled with dust/dirt/lint which could cause a fire if not cleaned on a regular basis. Based on interview at the time of each observation, the Maintenance Director agreed there was a substantial amount of dust/dirt/lint built up in the two bathroom exhaust vent fans.</p> <p>This finding was reviewed with the Maintenance Director and Residential Administrative Assistant during the exit conference.</p> <p>NFPA 101 Smoke Detection Smoke Alarms 2012 EXISTING (Prompt) Approved smoke alarms shall be provided in accordance with 9.6.2.10, unless either of the following exist:</p> <ol style="list-style-type: none"> 1. Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system, or 2. Buildings are protected throughout by an 			

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	<p>approved automatic sprinkler system, in accordance with 33.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms.</p> <p>Smoke alarms shall be installed on all levels, including basement but excluding crawl spaces and unfinished attics. Additional smoke alarms shall be installed for living rooms, dens, day rooms, and similar spaces. These alarms shall be powered from the building electrical system and when activated, shall initiate an alarm that is audible in all sleeping areas.</p> <p>33.2.3.4.3.</p> <p>Based on observation and interview, the facility failed to ensure a smoke detector was installed in a common living areas, including the dining room. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 07/13/23 between 10:00 a.m. and 12:00 p.m. during a tour of the facility with the Maintenance Director and Residential Administrative Assistant, there was no hardwired smoke detector located in the dining room, a common living area. This was acknowledged by the Maintenance Director and Residential Administrative Assistant at the time of observation.</p> <p>This finding was reviewed with the Maintenance Director and Residential Administrative Assistant</p>	K S347	Residential Director and Maintenance contacted Koorseen to have hardwired smoke detectors put in the dining room and common living room. Maintenance and Home Manager will assure that the devices will be monitored and serviced.	07/24/2023

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	during the exit conference.				