

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

PRINTED: 04/05/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G655	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2024
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP COD 2606 H ST BEDFORD, IN 47421
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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: 03/12/24</p> <p>Facility Number: 001166 Provider Number: 15G655 AIM Number: 100445440</p> <p>At this Emergency Preparedness survey, Stone Belt ARC Inc was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475</p> <p>The facility has a capacity of six and had a census of five at the time of this survey.</p> <p>Quality Review completed on 03/15/24</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: 03/12/24</p> <p>Facility Number: 001166 Provider Number: 15G655 AIM Number: 100445440</p> <p>At this Life Safety Code survey, Stone Belt ARC Inc. was found not in compliance with Requirements for Participation in Medicaid, 42</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kaitlynn Rodriguez	Associate Director	04/03/2024

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 S353 Bldg. 01	<p>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 fully sprinklered. The facility has a monitored fire alarm system with smoke detection in the corridors, sleeping rooms, and common living areas, and heat detection in the unused attic space connected to the fire alarm system. The facility has a capacity of six and had a census of five 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 Prompt with an E-Score of 0.3.</p> <p>Quality Review completed on 03/15/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family</p>			

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	<p>Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, 			
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	<p>section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and inspected in accordance with NFPA 25. NFPA 25, 5.2.5 requires water flow alarm devices to be inspected quarterly to verify that they are free of physical damage and 5.3.3.2 which says Vane-type and pressure switch-type water flow alarm devices shall be tested semiannually. Section 3.3.18 states an inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operation condition and free of physical damage. Section 3.3.35 states a test is defined as a procedure used to determine the operational status of a component or system by conducting periodic physical checks. This deficient practice could affect all clients and staff in the home.</p> <p>Findings include:</p> <p>Based on record review with the house Coordinator on 03/12/24 at 11:10 a.m., there was no documentation available for semiannual testing of 2023 / 2024 for the water flow alarm devices available for review. The inspections available for review were dated: 04/10/2017, 07/25/23, and</p>	K S353	K0353 Corrective action for resident(s) found to have been affected: The facility failed to ensure 1 of 1 sprinkler systems were tested and inspected in accordance with NFPA 25. NFPA 24 requires water flow alarm devices to be inspected quarterly to verify that they are free of physical damage and 5.3.3.2 which says Vane-type and pressure switch-type water flow alarm devices shall be tested semiannually. Section 3.3.18 states an inspection is defined as visual examination of a system or a portion thereof to verify that it appears to be in operation condition and free of physical damage. Section 3.3.35 states a test is defined as procedure used to determine the operational status of a component or system by conducting periodic physical checks. This deficient practice3 could affect all clients and staff in	04/12/2024			

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	10/17/23. Based on an interview at the time of record review, the Coordinator confirmed there was no other sprinkler testing documentation available for review and added that she was sure the vendor came to the house to do the inspection in January, but could not locate the documentation as of the time of this survey.		<p>the home.</p> <p>How facility will identify other residents potentially affected & what measures taken: All residents potentially are affected, therefore corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence: Associate Directors will run a monthly report on the sprinkler systems the first of every month. If Associate Directors notice this is not up to date, they will then email maintenance to let them know. Associate Directors will also add this to our monthly audit forms that House Coordinators do once a month. This will be tracked by our staff filling out are monthly drill reports, then they turn into maintenance to review the sprinkler systems. Records will then upload these to empower (our tracking system). This is how Associate Directors and Coordinators will make sure if this has been completed.</p> <p>How corrective actions will be monitored to ensure no recurrence: Associate Directors will check the monthly drill reports the first of every month to make sure we are following our corrective action. Coordinators will also help keep this tracked by</p>	

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K S712 Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills</p> <p>1. The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:</p> <ul style="list-style-type: none"> a. Ensure that all personnel on all shifts are trained to perform assigned tasks; b. Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. <p>2. The facility must:</p> <ul style="list-style-type: none"> a. Actually evacuate clients during at least one drill each year on each shift; b. Make special provisions for the evacuation of clients with physical disabilities; c. File a report and evaluation on each drill; d. Investigate all problems with evacuation drills, including accidents and take corrective action; and e. 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>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. 42 CFR 483.470(i)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly for each shift on 1 of the 4 most recently completed quarters. This deficient practice could</p>	K S712	<p>turning in the drill safety report into maintenance monthly so they can check the sprinklers. Maintenance will then sign these forms ensuring this has been completed.</p> <p>K0712 Corrective action for resident(s) found to have been affected: The facility failed to ensure fire</p>	04/12/2024

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	<p>affect all clients and staff in the home.</p> <p>Findings include:</p> <p>Based on record review of the Stone Belt Arc Inc. fire drill reports entitled "Fire Drill" with the house Coordinator on 03/12/24 at 11:59 a.m., documentation of a second shift fire drill in the second quarter (April, May, And June) of 2023 was not available for review. Based on an interview at the time of record review, the Coordinator located a fire drill conducted on 05/05/23, but there was no time on the form and added that staff must have accidentally neglected to put the time on the drill form thus rendering the drill unusable for that quarter.</p>		<p>drills were conducted quarterly for each shift on 1 of the 4 most recently completed quarters. This deficient practice could affect all clients and staff in the home.</p> <p>How facility will identify other residents potentially affected & what measures taken: All residents potentially are affected, therefore corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence: Coordinators, as well as Associate Directors, will run weekly drill reports to ensure all drills are being ran when needed.</p> <p>How corrective actions will be monitored to ensure no recurrence: Associate Directors will run a report weekly on Monday's to ensure all drills are being completed. If Associate Directors notice drills are not completed, they will follow up with the house coordinator on getting them completed. Associate Directors will also be retraining all coordinators and staff on how to appropriately fill out the drill reports on 4/5/2024. Drill reports are filed through our empower system. This is always available in the group homes.</p>	

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