STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G134	A. BUILDING -- B. WING	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ARC OPPORTUNITIES INC	0170 W 300 N HOWE, IN 46746

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475. Survey Date: 02/20/25 Facility Number: 000671 Provider Number: 15G134 AIM Number: 100234320 At this Emergency Preparedness survey, Arc Opportunities Inc was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475 The facility has 6 certified beds. All 6 beds are certified for Medicaid. At the time of the survey, the census was 6. Quality Review completed on 02/21/25	E 0000		
E 0015 Bldg. --	403.748(b)(1), 418.113(b)(6)(iii), 441.1 Subsistence Needs for Staff and Patients Based on record review and interview, the facility failed to ensure the Emergency Preparedness Plan's (EPP) policies and procedures include at a minimum, (1) The provision of subsistence needs for staff and clients, whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical, and pharmaceutical supplies. (ii) Alternate sources of energy to maintain - (A) Temperatures to protect client health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and	E 0015	It will be the responsibility of the leadership team to update the Emergency Preparedness Plan to include all required elements. In the future it will be the responsibility of the leadership team to review and update the emergency preparedness plan annually and as needed. Furthermore it will be the responsibility of the Residential	03/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Peppler	CTO/COO	02/28/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	alarm systems; and (D) Sewage and waste disposal in accordance with 42 CFR 483.475(b)(1). This deficient practice could affect all occupants. Findings include: Based on records review with the Facilities Transportation Manager (FTP) and the Chief Operation Officer (CEO) on 02/20/25 at 12:04 p.m., the EPP did not address all components for subsistence needs for staff and clients. The items not addressed were emergency Pharmaceutical Medical supplies, emergency sewage and waste disposal. Based on an interview at the time of records review, the FTP and the CEO agreed the subsistence needs for staff and clients was not complete. The finding was reviewed with the FTP and the CEO during the exit conference.		Manager to oversee training of all residential staff on the emergency preparedness plan monthly.	
E 0020 Bldg. --	403.748(b)(3), 416.54(b)(2), 418.113(b)(Policies for Evac. and Primary/Alt. Comm. Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include information for safe evacuation from the ICF/IID facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance in accordance with 42 CFR 483.475(b)(3). This deficient practice could affect all occupants. Findings include: Based on records review with the Facilities	E 0020	It will be the responsibility of the leadership team to update the emergency preparedness plan to include all required elements. In the future it will be the responsibility of the leadership team to review and update the emergency preparedness plan annually and as needed. Furthermore it will be the responsibility of the residential manager to oversee training of all residential staff on the emergency preparedness plan monthly.	03/22/2025

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	Transportation Manager (FTP) and the Chief Operation Officer (CEO) on 02/20/25 at 12:20 p.m., the facility's Emergency Preparedness plan provided did not include information about consideration of care and treatment needs of evacuees; staff responsibilities; transportation; and identification of evacuation location(s). Based on interview at the time of records review, the FTP and the CEO agreed the provided evacuation plan did not address aforementioned items during evacuation. The finding was reviewed with the FTP and the CEO during the exit conference.			
E 0039 Bldg. --	403.748(d)(2), 416.54(d)(2), 418.113(d)(EP Testing Requirements Based on record review and interview, the facility failed to conduct a community-based exercises within the last 12 months to test the emergency plan. The ICF/IID facility must do the following: (i) Participate in an annual full-scale exercise that is community-based; or a. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise. b. If the ICF/IID facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the ICF/IID facility is exempt from engaging its next required full-scale in a community-based or individual, facility-based full-scale functional exercise for 1 year following the onset of the actual event. (ii) Conduct an additional exercise that may include, but is not limited to the following: a. A second full-scale exercise that is community-based or an individual, facility-based functional exercise. b. A mock disaster drill; or	E 0039	It will be the responsibility of the Facilities Transportation Manager to run a company wide tornado drill in conjunction with the national weather service on 3/11/25 at 10:15 AM. Documentation of this drill results will be be kept in the agency safety binder. In the future, it will be the responsibility of the Facilities Transportation Manager to coordinate company wide emergency preparedness community based exercises in conjunction with the National Fire Drill Day in October 2025 and the National Tornado Drill conducted state wide in the month of March. Documentation of the drills and	03/12/2025

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	c. A tabletop exercise or workshop that is led by a facilitator that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. (iii) Analyze the ICF/IID facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the ICF/IID facility's emergency plan, as needed in accordance with 42 CFR 483.475(d)(2). This deficient practice could affect all occupants. Findings include: Based on record review with the Facilities Transportation Manager (FTP) and the Chief Operation Officer (CEO) on 02/20/25 at 12:00 p.m., there was documentation of a tabletop exercise completed on 01/23/25, but documentation of a community-based exercise, an actual emergency, or a facility-based functional exercise when a community-based exercise is not accessible was not provided for review. Based on an interview at the time of records review, the FTP and the CEO stated the community-based exercise has not been conducted within the past 12 months, but a drill with the police department has been scheduled. The finding was reviewed with the FTP and the CEO during the exit conference.		their respective results will be kept in the agency safety binder.	
K 0000 Bldg. 02	A Life Safety Code Recertification was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).	K 0000		

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	Survey Date: 02/20/25 Facility Number: 000671 Provider Number: 15G134 AIM Number: 100234320 At this Life Safety Code survey, ARC Opportunities Inc. was found in not compliance with Requirements for Participation in Medicaid, 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. This one-story facility was fully sprinklered. The facility has a monitored fire alarm system with heat detection in the attic, smoke detection in the corridors, client sleeping rooms, and common living areas. Additionally, the facility has single station smoke alarms which are powered by electricity, not monitored, and not connected to the fire alarm system in the client's sleeping rooms and in the living room. The facility has a capacity of 6 and had a census of 6 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101, Alternative Approaches to Life Safety, Chapter 6, rated the facility slow with an E-Score of 2.3. Quality Review completed on 02/21/25			
K S345 Bldg. 02	NFPA 101 Fire Alarm System - Testing and Maintenance Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems were maintained in accordance with 9.6.1.3. LSC 9.6.1.3	K S345	It will be the Facilities Transportation Manager to schedule the every other year	02/25/2025

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	requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 14.4.5 states unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. This deficient practice could affect all occupants. Findings include: Based on record review with the Facilities Transportation Manager (FTP) and the Chief Operation Officer (CEO) on 02/20/25 at 11:50 a.m., documentation was not available for review to show if the smoke detector sensitivity had been tested within the last two years. Based on an interview at the time of record review, the FTP stated the fire alarm service company missed the sensitivity testing and a sensitivity test has been scheduled. The finding was reviewed with the FTP and the CEO during the exit conference.		smoke detector sensitivity test to be completed by VFP on 2/25/25. In the future, it will be the responsibility of the Facilities Transportation Manager that we stay in compliance with this testing requirement.	
K S353 Bldg. 02	NFPA 101 Sprinkler System - Maintenance and Testing Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were tested and/or inspected in accordance with NFPA 25. NFPA 25, Section 5.2.5 states, waterflow alarm and supervisory alarm devices shall be inspected quarterly to verify that they are free of physical damage. An inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operating condition and is free of physical damage. Section 5.3.3.2 states vane-type and pressure switch-type water	K S353	It will be the Responsibility of the Facilities Transportation Manager to contact VFP to inform them of their failure to conduct the fourth quarter sprinkler inspection for the water flow alarm and the supervisory alarm and schedule a visit to be completed on 2/25/25. In the future, it will be the responsibility of the Facilities	02/25/2025

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	flow alarm devices shall be tested semiannually. A test is defined as a procedure used to determine the operational status of a component or system by conducting periodic physical checks, such as waterflow tests, fire pump tests, alarm tests, and trip tests of dry pipe, deluge, or pre-action valves. This deficient practice could affect all clients and staff. Findings include: Based on records review with the Facilities Transportation Manager (FTP) and the Chief Operation Officer (CEO) on 02/20/25 at 12:40 p.m., a fourth quarter sprinkler inspection for the waterflow alarm and supervisory alarm was available for review. Based on an interview at the time of record review, the FTP stated the sprinkler service company did not conduct a fourth quarter sprinkler inspection. The finding was reviewed with the FTP and the CEO during the exit conference.		Transportation Manager to ensure all quarterly inspections are completed timely.	