STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15G752	A. BUILDING -- B. WING	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EASTER SEALS ARC OF NORTHEAST INDIANA	9104 STRATHMORE LN FORT WAYNE, IN 46818

(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: 08/16/24 Facility Number: 011871 Provider Number: 15G752 AIM Number: 200921870 At this Emergency Preparedness survey, Easter Seals Arc of Northeast Indiana was found 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 08/21/24	E 0000		
K 0000 Bldg. 01	A Life Safety Code (LSC) Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 08/16/24 Facility Number: 011871 Provider Number: 15G752 AIM Number: 200921870 At this LCS survey, Easter Seals Arc of Northeast	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christiana Patterson	Director of Group Homes	09/23/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G752	A. BUILDING 01 B. WING	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EASTER SEALS ARC OF NORTHEAST INDIANA	9104 STRATHMORE LN FORT WAYNE, IN 46818

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	Indiana was found not in 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 fire alarm system with heat detection in the attic, smoke detection in the corridors, sleeping rooms and common living areas. 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 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.44. Quality Review completed on 08/21/24			
K S363 Bldg. 01	NFPA 101 Corridor - Doors Based on observation and interview, the facility failed to ensure 1 of 6 clients sleeping rooms were provided with a door which would latch securely in the door frame. This deficient practice could affect 1 client. Findings include: Based on observation with the Maintenance Tech #1 on 08/16/24 at 1:48 p.m., the Northeast sleeping room door did not latch into the frame when tested. Based on interview at the time of observation, the Maintenance Tech #1 confirmed the door did not securely latch into the door frame.	K S363	Maintenance completed an observation of the home. Maintenance found the flooring to be uneven. They completed the updates to ensure the door is shutting properly. Person Responsible: Maintenance Date of Completion: 9/18/2024 QDP/Director of Group Homes will completed monthly observations, over the next 3 months, to ensure there are no further concerns with the door shutting properly.	09/18/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G752	A. BUILDING 01 B. WING	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EASTER SEALS ARC OF NORTHEAST INDIANA	9104 STRATHMORE LN FORT WAYNE, IN 46818

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	The finding was reviewed with the Maintenance Tech #1 during the exit conference.		Person Responsible: QDP/Director of Group Homes Date of Completion: 12/18/2024.	