

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

PRINTED: 04/30/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  15G074		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING		X3) DATE SURVEY COMPLETED 04/23/2025	
NAME OF PROVIDER OR SUPPLIER  EASTER SEALS ARC OF NORTHEAST				STREET ADDRESS, CITY, STATE, ZIP COD 2827 TILLMAN ROAD FORT WAYNE, IN 46816			
(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
K 0000  Bldg. 03	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 02/25/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/23/25</p> <p>Facility Number: 000618 Provider Number: 15G074 AIM Number: 100233730</p> <p>At this PSR Survey , Easter Seals Arc of Northeast 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 32, New Residential Board and Care Occupancies.</p> <p>This one-story replacement facility was fully sprinklered. The facility has a fire alarm system with heat detection in the attic and garage, smoke detection in the corridors, sleeping rooms, and common living areas. The facility is fully protected by an automatic generator. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Quality Review completed on 04/23/25</p>			K 0000			
K S353  Bldg. 03	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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</p>			K S353	<p><i>The maintenance department will contact Koorsen Fire &amp; Security to schedule the Five-year inspection,</i></p>		04/23/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Patience Ncube

Director of Group Homes

04/29/2025

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 disclosable 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>25. Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by this standard. 4.1.4.2 stated corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director on 02/25/25 at 10:46 a.m., the Quarterly Fire Sprinkler System Inspection from VFP dated 03/25/24 indicated the five-year internal pipe inspection needed to be completed. On 04/23/25 at 10:47 a.m. with the Records Management Supervisor, no documentation was provided to show if the five-year internal pipe inspection was completed. Based on an interview at 10:50 a.m., the Records Management Supervisor stated the inspection has not yet been completed. The sprinkler contractor put it on the schedule but did not remember when.</p> <p>This finding was reviewed with the Records Management Supervisor at the exit conference at 11:15 a.m.</p> <p>This deficiency was cited on 02/25/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				<p><i>so it is done immediately or at the earliest possible date that Koorsen is available. The five-year internal pipe inspection will be characterized by a detailed visual inspection of the inside of the fire sprinkler pipes to check for buildup, corrosion, and anything that may block the pipe and prevent the sprinkler system from working. The documentation of the inspections will be completed using the "Visual Inspection of Fire Safety Systems" form and ensure full compliance.</i></p> <p><i>Persons Responsible: Director of Facilities &amp; Property Management/Maintenance Supervisor</i></p> <p><i>Completion Date: 04/23/2025</i></p> <p><i>The Director of Groups homes in collaboration with the Director of Facilities &amp; Property Management will devise an auditing process that will ensure that scheduled tests and inspections (monthly, quarterly, annually and five-yearly) are on an automated schedule – with both Directors providing oversight to ensure compliance. Both Directors will meet monthly to review and ensure full compliance.</i></p> <p><i>Persons Responsible: Director of Facilities and Property Management &amp; Director of Group Homes.</i></p> <p><i>Completion Date: 04/23/2025</i></p>		