

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

PRINTED: 02/01/2022

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  01/11/2022
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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 DEFICIENCIES (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: 01/11/22</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 7.</p> <p>Quality Review completed on 01/18/22</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: 01/11/22</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

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 S345 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 7 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 3.12.</p> <p>Quality Review completed on 01/18/22</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review, observation, and interview; the facility failed to provide complete documentation to ensure heat detectors were provided in the attic space and connected to 1 of 1 fire alarm system in accordance with 9.6.1.3. LSC</p>	K S345	Heat detector in attic was inspected on 1.28.22. Documentation uploaded. The Maintenance Director will be on site with person inspecting the	01/28/2022

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K S353 Bldg. 01	<p>9.6.1.3 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, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review on 01/11/22 between 1:00 p.m. and 2:00 p.m. with the Residential Director, Director of Operations, and Maintenance Director present, there was documentation available for an annual fire alarm system test/inspections dated 04/15/21 and a semi-annual fire alarm system inspection dated 10/08/21. These reports did not include the inspection of heat detection in the attic. Based on interview at the time of record review, the Residential Director agreed the inspection reports did not include the inspection of heat detectors in the attic. Based on observation at 2:30 p.m. during a tour of the attic with the Maintenance Director there were two heat detectors in the home's attic.</p> <p>This finding was reviewed with the Residential Director, Director of Operations, and Maintenance Director during the exit conference.</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</p>		alarm system at the home to ensure all areas have been inspected thoroughly and completely. Each inspection report will be reviewed by Maintenance Director and also the Residential Director upon receipt to ensure all documentation is correct. Failure to complete the heat detector inspection can affect the safety of all the individuals and staff in the home. Effectiveness of current service provider will be reviewed.	

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	<p>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.</p> <p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family 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"> <li>1. Control valves inspected monthly (NFPA 25, section 13.3.2).</li> <li>2. Gauges inspected monthly (NFPA 25, section 13.2.71).</li> <li>3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6).</li> <li>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</li> <li>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</li> <li>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</li> <li>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</li> <li>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</li> <li>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</li> <li>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</li> <li>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</li> <li>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</li> </ol>			
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	<p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&amp;Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, 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 observation and interview, the facility failed to ensure 2 of over 25 sprinkler heads in the facility were free of corrosion. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 5.2.1.1.1 requires sprinklers to be free of paint and corrosion. 5.2.1.1.2 requires any sprinkler that shows signs of paint or corrosion shall be replaced. This deficient practice could all clients and staff.</p> <p>Findings include:</p> <p>Based on observations on 01/11/22 between 2:15 p.m. and 2:45 p.m. during a tour of the facility with the Maintenance Director, there were two sprinkler heads in the corridor outside the two</p>	K S353	Sprinkler heads will be inspected by Maintenance Director or designee twice a year using a flashlight. This will be documented on the Maintenance Form. Sprinklers were measured and ordered on 1.11.22 while the Service Provider was on site. As soon as these sprinkler heads come in, our vendor will replace them. Maintenance Director will contact the vendor weekly check on the status of the order. The safety of the consumers and staff would be greatly affected if these sprinkler heads would malfunction. The formal proposal was emailed	01/11/2022

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	<p>bathrooms and four bedrooms covered with corrosion. Based on interview at the time of observation, the Maintenance Director agreed the two sprinkler heads in question were covered with corrosion.</p> <p>This finding was reviewed with the Residential Director, Director of Operations, and Maintenance Director during the exit conference.</p>		<p>on 1.28.22. See attachment. Repair date is unknown at this time.</p>		