

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G653	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2021
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1118 22ND 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: 06/03/21</p> <p>Facility Number: 001094 Provider Number: 15G653 AIM Number: 100235630</p> <p>At this Emergency Preparedness survey, Stone Belt ARC Inc. 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 6 certified beds. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 06/09/21</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: 06/03/21</p> <p>Facility Number: 001094 Provider Number: 15G653 AIM Number: 100235630</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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 S100 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 building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, sleeping rooms and in all living areas and heat detection in the attic connected to the fire alarm system. The facility has a capacity of 6 and had a census of 6 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 2.24.</p> <p>Quality Review completed on 06/09/21</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure 3 of 3 interior emergency lights were tested, maintained, and the records of the testing maintained. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall either</p>	K S100	<p>K0100 General Requirements - Other CFR(s): NFPA 101</p> <p>Corrective action for resident(s) found to have been affected: The agency currently uses a</p>	07/03/2021

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	<p>be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to be conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction.</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 06/03/21 between 9:30 a.m. and 11:45 a.m. during a tour of the facility with the Director of Supported Group Living, the facility had three battery powered emergency light units. Based on record review between 9:30 a.m. and 11:45 a.m., there was no documentation to show the battery powered emergency lights were tested for 30 seconds monthly during August, September, and October of 2020, and January, February, March, April and May of 2021. Based on interview at the time of record review and observations, the Director of Supported Group Living said there was no further documentation to show a 30 second monthly test during the previously mentioned months of 2020 and 2021.</p>		<p>monthly Drill Safety Report. One component of this monthly form is to conduct a functional test of the emergency lighting system. House managers are responsible for completing these forms on a monthly basis and then turn them in to the Coordinator. In this case, the house manager had not been completing the Drill Safety reports on a monthly basis, so they were not available for review at the time of survey. The Coordinator will provide retraining to the house manager on how to complete the Drill Safety Report form to ensure that functional testing of the emergency lighting system is completed on a monthly basis.</p> <p>The latch has been removed from the double closet door and may now be readily opened from inside.</p> <p>How facility will identify other residents potentially affected & what measures taken: All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence: The Coordinator will review monthly paperwork and ensure that the Drill Safety Reports have been completed each month. Additionally, Director of SGL will</p>		

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K S345 Bldg. 01	<p>This finding was reviewed with the Director of Support Group Living at the exit conference.</p> <p>2. Based on observation and interview; the facility failed to ensure 1 of 6 double door closets can be readily opened from the inside. LSC 33.2.2.5.3 states every closet door latch shall be readily opened from the inside. This deficient practice could affect 1 of 6 clients.</p> <p>Findings include:</p> <p>Based on observation on 06/03/21 between 9:30 a.m. and 11:45 a.m. during a tour of the facility with the Director of Supported Group Living, the closet double doors in client room #6 (first client bedroom on right side of hallway, had a turn lock on the outside of the doors that would not allow anyone to unlock the doors from inside the closet. This was acknowledged by the Director of Supported Group Living at the time of observation.</p> <p>This finding was reviewed with the Director of Support Group Living at the exit conference.</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</p>		<p>revise the Drill Safety Report to include prompts for staff members to itemize the emergency lighting devices by location in the home and to test each device for a minimum of 30 seconds.</p> <p>How corrective actions will be monitored to ensure no recurrence: The Coordinator will review monthly paperwork and ensure that the Drill Safety Reports have been completed and documented each month. These reports will also be forwarded to the head of the agency's Safety Committee for review.</p>		

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	<p>Based on record review and interview, the facility failed to ensure complete documentation was provided for 1 of 1 fire alarm system in accordance with 9.6.1.3. LSC 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. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review on 06/03/21 between 9:30 a.m. and 11:45 a.m. with the Director of Supported Group Living present, there was documentation for an annual fire alarm system test/inspection dated 05/14/20 by the facility's fire alarm system vendor, plus a semi-annual fire alarm system visual inspection dated 01/13/21 by the facility's in house maintenance department. The documentation was incomplete for both reports. The annual inspection report only included a cover page describing the number</p>	K S345	<p>K0345 Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Corrective action for resident(s) found to have been affected:</p> <p>The Director of SGL will contact the fire alarm system inspection contractor to request a more detailed report, which includes an itemized listing of all initiating devices, so these devices may be identified by their location. This information will help determine which devices require sensitivity checks within a year of being replaced. The Director of SGL will also consult with the facility maintenance supervisor about revising the Semiannual Visual Inspection report to include an itemized list of devices tested.</p> <p>How facility will identify other residents potentially affected & what measures taken:</p> <p>All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence:</p> <p>Once an itemized listing of all initiating devices has been requested, the Director of SGL will consult with the fire alarm system inspection contractor to request that all devices in the home are numbered, so that future</p>	07/03/2021			

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K S353 Bldg. 01	<p>of devices that were tested/inspected and did not include an itemized list of devices with location and the results of each test/inspection. The semi annual visual inspection also did not include an itemized list of all devices inspected, it only listed the type of devices that were inspected with an "OK" after each type of device. Based on interview at the time of record review, the Director of Supported Group Living acknowledged the annual fire alarm system test/inspection and semi annual fire alarm system inspection were incomplete.</p> <p>This finding was reviewed with the Director of Supported Group Living at 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 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</p>		<p>inspection reports can reference these numbers. Assigning a number to each device will prevent the recurrence of this deficiency.</p> <p>How corrective actions will be monitored to ensure no recurrence: The Director of SGL will inform the facility maintenance staff of the actions taken to correct this deficiency. Facility maintenance staff will ensure that the fire alarm system inspection contractor assigns numbers to the initialing devices in the home so that they may be individually identified in future reports. The facility maintenance staff will monitor this, as well, when conducting semiannual visual inspections of the fire alarm system.</p>		

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	<p>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"> 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 			
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	<p>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 record review and interview, the facility failed to document monthly sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. 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 operating condition and is free of physical damage. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p>	K S353	<p>K0353 Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Corrective action for resident(s) found to have been affected: The agency currently uses a monthly Drill Safety Report. One component of this monthly form is to conduct a functional test of the emergency lighting system. House managers are responsible for completing these forms on a monthly basis and then turn them in to the Coordinator. In this case, the house manager had not been completing the Drill Safety reports on a monthly basis, so they were not available for review at the time of survey. The Coordinator will provide retraining to the house manager on how to complete the Drill Safety Report form to ensure that sprinkler system gauge</p>	07/03/2021

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K S712 Bldg. 01	<p>Based on record review on 06/03/21 between 9:30 a.m. and 11:45 a.m. with the Director of Supported Group Living present, there was no documentation the sprinkler gauges and control valves have been inspected on a monthly basis for August, September, and October of 2020, and January, February, March, April, and May of 2021. Based on interview at the time of record review, the Director of Supported Group Living said there was no monthly inspection documentation of the sprinkler system gauge readings and control valves available for the previously mentioned months of 2020 and 2021.</p> <p>This finding was reviewed with the Director of Support Group Living at the exit conference.</p> <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> <p>a. Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>b. Ensure that all personnel on all shifts are familiar with the use of the facility's</p>				<p>readings and inspections of the control valves are completed on a monthly basis.</p> <p>How facility will identify other residents potentially affected & what measures taken: All residents potentially are affected, and corrective measures address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence: The Coordinator will review monthly paperwork and ensure that the Drill Safety Reports have been completed each month.</p> <p>How corrective actions will be monitored to ensure no recurrence: The Coordinator will review monthly paperwork and ensure that the Drill Safety Reports have been completed and documented each month. These reports will also be forwarded to the head of the agency's Safety Committee for review.</p>		

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	<p>emergency and disaster plans and procedures.</p> <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 on 1 of 3 shifts during 1 of 4 quarters during the past 12 months. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 06/03/21 between 9:30 a.m. and 11:45 a.m. with the Director of Supported Group Living present, there were no fire drill reports available for the second shift (evening) of the fourth quarter (October, November, and December) of 2020.</p> <p>Based on interview at the time of record review, the Director of Support Group Living confirmed the lack of a fire drill during the second shift of the fourth quarter of 2020.</p>	K S712	<p>K0712 Fire Drills CFR(s): NFPA 101</p> <p>Corrective action for resident(s) found to have been affected:</p> <p>The QIDP will provide retraining to house staff members on how to complete evacuation drills and how to document that drills are completed. The agency uses a drill calendar that all staff can access.</p> <p>How facility will identify other residents potentially affected & what measures taken:</p> <p>All residents potentially are affected, therefore corrective measures address the needs of all clients.</p>	07/03/2021

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	This finding was reviewed with the Director of Supported Group Living at the exit conference.		<p>Measures or systemic changes facility put in place to ensure no recurrence:</p> <p>The agency currently uses a Group Home Audit form, which is a checklist of items to review at each facility on at least a quarterly basis. The Director of SGL and Associate Director of SGL will review and revise the facility audit form to add evacuation drill documentation as an item to be reviewed by the QIDP on at least a quarterly basis. If the QIDP identifies deficiencies through this review process, corrective action will be taken.</p> <p>How corrective actions will be monitored to ensure no recurrence:</p> <p>The agency currently uses a Group Home Audit form, which is a checklist of items to review at each facility on at least a quarterly basis. As stated above, the Director of SGL and Associate Director of SGL will review and revise the facility audit form to add evacuation drills as an item to be reviewed by the QIDP on at least a quarterly basis. When QIDPs complete a form, the audit form will be turned into the Director and Associate Director of SGL, so that they will be made aware of any deficiencies and corrective actions taken.</p>	