

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155741	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/22/2013
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NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/22/13</p> <p>Facility Number: 004700 Provider Number: 155741 AIM Number: 100266630</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Friendship Healthcare was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire</p>	K0000		
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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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	<p>alarm system installed in all resident sleeping rooms. The facility has a capacity of 53 and had a census of 44 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/24/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0046 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review, observations and interview; the facility failed to document monthly and annual testing of 19 of 19 battery powered emergency lights in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Emergency Light Audit" documentation with the Maintenance Director during record review from 9:30 a.m. to 10:35 a.m. on 01/22/13, documentation of an annual test of all nineteen battery powered emergency lights in the facility was not available for review. In addition,</p>	K0046	<p>A New Maintenance Supervisor was hired at the end of September 2012. Since that time regulatory Life Safety documentations are up to date, with testing performed 10/12, 11/12, 12/12, 1/13, and 2/13 is available for review. Former Maintenance Supervisor's documentation didn't show a 90 min. annual test of the 19 emergency lighting. This deficiency has the possibility of affecting all residents, staff, and visitors. Upon acknowledgement of this deficiency the new Maintenance Supervisor performed this test on 2/14/2013 to bring us back in compliance with Life Safety. New Maintenance Supervisor possesses the organizational skills need to ensure that all regulatory lighting tests are done. Maintenance Supervisor will keep a precise record / schedule of inspections and present them to the administrator once a month in the QA meeting for review, and to sign off as complete. Completion Date 2/21/2013</p>	02/21/2013			

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	<p>documentation of monthly functional testing of all nineteen battery powered emergency lights in the facility was not available for review for the eight month period of January 2012 through August 2012. The aforementioned Emergency Light Audit documentation only recorded monthly functional testing of all nineteen battery powered emergency lights in the facility for the period of September 2012 through December 2012. Based on observations with the Maintenance Director during a tour of the facility from 10:35 a.m. to 12:35 p.m. on 01/22/13, nineteen battery powered emergency lighting systems were observed in the facility. Based on interview at the time of record review, the Maintenance Director acknowledged documentation of annual testing of each battery powered emergency light was not available for review and acknowledged documentation of monthly functional testing for each battery powered emergency light for the eight month period of January 2012 through August 2012 was not available for review.</p> <p>3.1-19(b)</p>						

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K0047 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1.</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 7 exit signs with battery backup illuminated when the backup battery test button was pushed. LSC 4.5.7 requires any device or equipment required for compliance with this Code shall be maintained unless the Code exempts such maintenance. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Light Audit" documentation with the Maintenance Director during record review from 9:30 a.m. to 10:35 a.m. on 01/22/13, the "Dining Room Hall" exit sign was listed as "Failed" on monthly test records for 09/25/12 through 12/15/12. Based on observations with the Maintenance Director during a tour of the facility from 10:35 a.m. to 12:35 p.m. on 01/22/13, seven battery powered emergency exit signs systems were observed in the facility and the exit sign in the corridor outside the dining room failed to illuminate when the battery</p>	K0047	Former Maintenance Supervisor had no record of purchasing battery packs for emergency exit signs. New Maintenance Supervisor upon completion of a couple of month inspections found 1 of 7 emergency exit signs to fail the 30 sec test. This deficiency has the possibility of affecting all residents, staff, and visitors. New Maintenance Supervisor took the time to research the availability of purchasing battery packs. Upon the invocation / research new Maintenance Supervisor found a company who would provide battery backups upon request. On 1/24/2013 the new battery backup was installed thus bringing us back in compliance with Life Safety regulations. Maintenance Supervisor will keep an inventory of supply of battery packs backups at the facility at all times. Upon inspection of the 7 exits signs each month if one fails it will be replaced at once with the stock in inventory. Maintenance Supervisor will keep a precise record / schedule of inspections and present them to the administrator once a month in the QA meeting for review, and to sign off as complete	02/21/2013			

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	<p>backup test button was pushed five times. Based on interview at the time of record review and observation, the Maintenance Director stated the backup battery in the Dining Room Hall exit sign failed the most recent monthly tests and acknowledged the aforementioned exit sign failed to illuminate when the backup battery test button was pushed.</p> <p>3.1-19(b)</p>		Completion Date 2/21/2013		

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K0050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to document fire drills on the first and third shift for 1 of 4 calendar quarters. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Maintenance Director during record review from 9:30 a.m. to 10:35 a.m. on 01/22/13, fire drill records for the first and third shift in the third quarter of 2012 were not available for review. Based on interview at the time of record review, the Maintenance Director acknowledged fire drill records for the first and third shift in the third quarter of 2012 were not available for review.</p> <p>3.1-19(b) 3.1-51(c)</p>	K0050	<p>Former Maintenance Supervisor was let go at the end of July and new Maintenance Supervisor was hired at the end of September. Upon the entrance of a new Maintenance Supervisor he had to try to make some since of former Maintenance Supervisor record keeping. Upon investigation new Maintenance Supervisor found fire drill documentation for the third quarter 1st and 3ed shift to be missing. This deficiency has the possibility of affecting all residents, staff, and visitors. Upon acknowledgement of this deficiency new Maintenance Supervisor completed a fire drill on 1st, 2nd, and 3ed shifts on 10/31/2012 to bring us back into compliance with Life Safety. A schedule has been generated by new Maintenance Supervisor and kept in a logbook as to the dates and shifts of each months fire drills. Maintenance Supervisor will keep a precise record / schedule of inspections and present them</p>	02/21/2013	

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			to the administrator once a month in the QA meeting for review, and to sign off as complete Completion Date 2/21/2013	

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K0052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure documentation of the facility fire alarm system annual testing was complete. NFPA 72, 7-5.2.2 refers to Figure 7-5.2.2 which requires fire alarm system initiating and supervisory device inspections to list the device location. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Superior Systems "Periodic Fire Alarm Inspection and Testing Report" documentation dated 02/06/12 with the Maintenance Director during record review from 9:30 a.m. to 10:35 a.m. on 01/22/13, the fire alarm system inspection report listed the total number of fire alarm system devices tested but did not list each device location and the result of individual testing. Based on interview at the time of record review, the Maintenance Director acknowledged the aforementioned fire alarm system inspection report did not list each device</p>	K0052	<p>Upon the installation of 50 new smoke detectors prior to the hiring of the new Maintenance Supervisor the former Maintenance Supervisor was to schedule Superior Systems to come in and generate a list of the locations of the new smoke detectors installed. This didn't happen and the information wasn't past to the new Maintenance Supervisor. Because of this deficiency all residents, staff, and visitors have the possibility of being affected. Upon acknowledgement of this deficiency the new Maintenance Supervisor scheduled a date with Superior Systems to come in and generate the documentation needed to correct the deficiency. Work was completed on 2/14/2013. New Maintenance Supervisor will keep a precise record / schedule of inspections and present them to the administrator once a month in the QA meeting for review, and to sign off as complete.</p> <p>Completion Date 2/21/2013</p>	02/21/2013			

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	location and the result of individual testing.  3-1.19(b)			

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K0130 SS=C	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, observation and interview; the facility failed to ensure 3 of 3 fuel fired water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 18.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Certificate of Inspection" documentation with the Maintenance Director during record review from 9:30 a.m. to 10:35 a.m. on 01/22/13, the expiration date listed on State of Indiana inspection certificates for three fuel fired water heaters was 10/23/11. Based on observations with the Maintenance Director during a tour of the facility from 10:35 a.m. to 12:35 p.m. on 01/22/13, the following natural gas fired water heaters located in the basement mechanical room had expired or missing Certificate of Inspection documentation from the State of Indiana:</p> <p>a) the service water heater identified as IN291610 had no Certificate of Inspection</p>	K0130	<p>On review of inspection certificates of water heaters inspector with Life Safety found our documentation to be out of date. Because of this the Life Safety inspector felt this deficiency would have the possibility of affecting all residents, staff, and visitors. Upon the acknowledgment of this deficiency new Maintenance Supervisor investigated this issue by calling Homeland Security Pipe Division on 1/23/2013 and found the hot water heaters to be in compliance with state regulations. The former Maintenance Supervisor had lost the documentations needed to be in compliance with Life Safety. Homeland Security Pipe Division emailed the new Maintenance Supervisor a copy of the documentations needed on 1/23/2013 to put us in compliance With Life Safety. Maintenance Supervisor will keep a precise record / schedule of inspections and present them to the administrator once a month in the QA meeting for review, and to sign off as complete. Completion Date 2/21/2013</p>	02/21/2013	

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	<p>posted at the unit.</p> <p>b) the service water heater identified as IN298014 had no Certificate of Inspection posted at the unit.</p> <p>c) the service water heater identified as IN279816 had no Certificate of Inspection posted at the unit.</p> <p>Based on interview at the time of record review and of the observations, the Maintenance Director stated documentation of current Certificate of Inspection documentation is kept at no other location and acknowledged the aforementioned service water heaters had expired or missing Certificate of Inspection documentation from the State of Indiana.</p> <p>3.1-19(b)</p>				