

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  07/01/2015
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NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226
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K 0000  Bldg. 01	<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: 07/01/15</p> <p>Facility Number: 000383 Provider Number: 155721 AIM Number: 100289610</p> <p>At this Life Safety Code survey, Lawrence Manor Healthcare Center 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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (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 battery operated smoke detectors installed in all resident sleeping rooms. The facility has</p>	K 0000	<p>Please accept this plan of correction as our credible allegation of compliance. Preparation and execution of correction in general, or these corrective actions in particular does not constitute an admission or agreement by Lawrence Manor Healthcare Center of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and / or executed in compliance with federal and state laws. Lawrence Manor Healthcare Center respectfully request for the paper compliance. If there are further questions or concerns, please feel free to contact Chirag C. Patel on 317-898-1515 Respectfully, Chirag C. Patel, HFA</p>	

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 0050 SS=C Bldg. 01	<p>a capacity of 55 and had a census of 36 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility storage services which were not sprinklered.</p> <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. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the third shift for 3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Record" documentation with the Maintenance Director during record review from 9:10 a.m. to 10:00 a.m. on 07/01/15, third shift</p>	K 0050	<p>- All the residents, family members, employees, and visitors have the potential to be affected. - The identified issue was addressed and corrected.</p> <p>- Fire drills are conducted by the building maintenance director at random time quarterly for each shift in the facility. - The fire drill calendar will be reviewed by maintenance director with administrator. - Fire drills times and dates will vary per shift quarterly. - The maintenance director will report the last fire drill that occurred at safety committee meeting. The report will include</p>	07/01/2015

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K 0062 SS=C Bldg. 01	<p>(10:30 p.m. to 7:00 a.m.) fire drills conducted on 07/03/14, 09/30/14, 12/18/14 and 03/04/15 were conducted at, respectively, 5:45 a.m., 6:00 a.m., 5:50 a.m. and 5:50 a.m. Based on interview at the time of record review, the Maintenance Director acknowledged the aforementioned third shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 operating wrenches for the Post Indicator Valve (PIV) were secured to prevent tampering. LSC 4.6.12.2 states life safety features obvious to the public, even if not required, shall be maintained or removed. Sprinkler systems shall be maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems,</p>	K 0062	<p>date,time, and shift that fire drill was occurred. - Safety committee will monitor quarterly indefinitely for compliance. - Maintenance director is responsible. - Corrective actions will be completed by July 1st,2015</p> <p>- All residents, family members, employees, and visitors have the potential to be affected. - Identified issue was addressed and corrected. - The breakaway pad lock has been installed on PIV to prevent the loss of the wrench or additional tampering. - The maintenance director will check this lock randomly during his facility round. - The maintenance director or his designee will present findings to</p>	07/01/2015			

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K 0103 SS=E Bldg. 01	<p>1998 Edition. NFPA 25, 9-3.3.2 says the control valve inspection shall verify the valves are in the following condition: (a) in the normal open or closed position (b) properly sealed, locked or supervised (c) Accessible (d) Provided with appropriate wenches (e) Free from external leaks (f) Provided with appropriate identification. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 10:00 a.m. to 11:15 a.m. on 07/01/15, the operating wrench for the PIV was not secured to the PIV to prevent the loss of the wrench or additional tampering. The PIV was located outside of the building at the front entrance. Based on interview at the time of observation, the Maintenance Director acknowledged the operating wrench for the PIV was not secured to prevent the loss of the wrench or additional tampering.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Interior walls and partitions in buildings of Type I or Type II construction are</p>		<p>the safety committee meeting quarterly. - Safety committee will monitor quarterly indefinitely for compliance. - Maintenance director is responsible. - Corrective actions will be completed by July 1st,2015</p>				

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	<p>noncombustible or limited-combustible materials. 19.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure interior walls in 1 of over 50 rooms in the facility were comprised of noncombustible or limited combustible materials. LSC 19.1.6.3 states all interior walls and partitions in buildings of Type I or Type II construction shall be of noncombustible or limited combustible materials.</p> <p>Exception: Listed, fire retardant treated wood studs shall be permitted within non-load bearing 1-hour fire rated partitions.</p> <p>This deficient practice could affect 20 residents, staff and visitors in the vicinity of the nurse ' s storage room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 10:00 a.m. to 11:15 a.m. on 07/01/15, wood studs comprised the frame of a newly constructed non-load bearing interior wall in the nurse ' s storage room. The wall measured eight feet high by ten feet wide and consisted of a wood frame and drywall on each side of the wall. The wood studs were exposed in the upper corners of the wall. Based on interview at the time of observation, the Maintenance Director</p>	K 0103	<p>- All the residents, family members, employees, and visitors have the potential to be affected. - The identified issue was addressed and corrected.</p> <p>- The wall measured eight feet high by ten feet wide and consisted of a wood frame and drywall on each side of the wall will be taken down and rebuilt with metal frame work (fire retardant) to assure it compliance with code. - The maintenance director will check all the walls to make sure the walls are comprised of noncombustible or limited combustible materials.</p> <p>- The maintenance director or his designee will present findings to the safety committee meeting quarterly. - Safety committee will monitor quarterly indefinitely for compliance. - Maintenance director is responsible.</p> <p>- Corrective actions will be completed by July 21st,2015</p>	07/21/2015

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	<p>stated the wall was newly constructed, he was unaware of the fire retardant status of the studs, no other fire retardant documentation for the wood studs was available for review and acknowledged the aforementioned non-load bearing interior wall frame was not comprised of noncombustible or limited combustible materials.</p> <p>3.1-19(b)</p>				