

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2016
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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K 0000 Bldg. 01	<p>A Life Safety Code and Preoccupancy Survey for the conversion of B Wing resident rooms to vent units was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/19/16</p> <p>Facility Number: 000032 Provider Number: 155077 AIM Number: 100273330</p> <p>At this Life Safety Code and Preoccupancy survey, Lakeview Manor 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 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities.</p> <p>This one story facility was determined to be of Type III (211) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the</p>	K 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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 0106 SS=F Bldg. 01	<p>corridors, in all areas open to the corridor and in rooms 11 through 19 in the C Hall. The facility has battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 184 and had a census of 102 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has four detached buildings providing storage services and one detached building housing an emergency generator which were each not sprinklered.</p> <p>Quality Review completed on 02/24/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Hospitals and inpatient hospices with life support equipment have an Type I Essential Electric System, and nursing homes have a Type II ESS that are powered by a generator with a transfer switch and separate power supply in accordance with NFPA 99. 12-3.3.2, 13-3.3.2.1, 16-3.3.2 (NFPA 99)</p> <p>Based on record review, observation and interview: the facility failed to ensure essential electrical systems for life support equipment were installed in accordance with NFPA 99. NFPA 99, Standard for Health Care Facilities, 1999 Edition, 3-4.1.1.2 states essential electrical systems shall have a minimum of two independent sources of power: a</p>	K 0106	Lakeview Manor is withdrawing the request of the conversion of B wing ventilator unit at this time	06/07/2016

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	<p>normal source generally supplying the entire electrical system and one or more alternate sources for use when the normal source is interrupted. 3-4.1.1.3 states the alternate source of power shall be a generator(s) driven by some form of prime mover(s) located on the premises or meet an exception. 3-4.2.1.1 states electrical transfer switches shall be suitable for the operation of all functions and equipment they are intended to supply. 3-4.2.2.1 states Type I essential electrical systems are comprised of two separate systems capable of supplying a limited amount of lighting and power service, which is considered essential for life safety and effective facility operation during the time the normal electrical service is interrupted for any reason. These two systems are the emergency system and the equipment system. The emergency system shall be limited to circuits essential to life safety and critical patient care. These are designated the life safety branch and the critical branch. The number of transfer switches to be used shall be based upon reliability, design, and load considerations. Each branch of the emergency system and each equipment system shall have one or more transfer switches. One transfer switch shall be permitted to serve one or more branches or systems in the facility with a maximum demand on the essential</p>			

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	<p>electrical system of 150 kVA (120 kW). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of DEEM Mechanical and Electrical Company letter dated 02/16/16 with the Administrator at 9:20 a.m. on 02/16/16, the number and designation of transfers switches in the facility and the maximum demand on the essential electrical system was not stated. Based on observation with the Director of Maintenance during a tour of the facility from 10:20 a.m. to 11:00 a.m. on 02/19/16, one transfer switch was noted on the premises in the detached building housing the 750 kVA (600 kW) diesel fired emergency generator and it could not be determined if the emergency system was separated into a Life Safety branch and a Critical branch. Based on interview at the time of the observation, the Director of Maintenance acknowledged the facility has one transfer switch for the emergency generator. Based on exit interview at 11:00 a.m., the Administrator stated electrical receptacles installed in patient care areas in the B Wing are intended for electrical life support equipment use and acknowledged the maximum demand on the essential electrical system was not</p>			

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K 0147 SS=E Bldg. 01	<p>known.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Based on observation and interview, the facility failed to ensure 24 of 93 resident room's patient care electrical receptacle locations were installed in accordance with NFPA 99. NFPA 99, Standard for Health Care Facilities, 1999 Edition, 3-4.2.2.4(b) states the number of receptacles on a single branch circuit for areas described in 3-4.2.2.2(c)(8) shall be minimized to limit the effects of a branch circuit outage. Branch circuit overcurrent devices shall be readily accessible to nursing and other authorized personnel. The cover plates for the electrical receptacles or the electrical receptacles themselves supplied from the emergency system shall have a distinctive color or marking so as to be readily identifiable. This deficient practice could affect 26 residents in the B Wing.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance during a tour of the facility from 10:20 a.m. to 11:00 a.m. on</p>	K 0147	Lakeview Manor is withdrawing the request of the conversion of B wing ventilator unit at this time	06/07/2016

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	<p>02/19/16, patient care electrical receptacles and their associated cover plates installed and intended for critical care ventilator and support equipment use in 24 resident sleeping rooms in the B Wing were not a distinct color from other receptacles installed in the rooms. Based on interview at the time of the observations, the Director of Maintenance stated the facility has ordered distinctive color cover plates and should be installed within the next week. Based on exit interview at 11:00 a.m., the Administrator stated the electrical receptacles installed in patient care areas in the B Wing are intended for electrical life support equipment use, distinctive colored cover plates were on order and acknowledged the cover plates for the electrical receptacles or the electrical receptacles themselves supplied from the emergency system were not currently a distinctive color or marking so as to be readily identifiable</p> <p>3.1-19(b)</p>			