

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2013
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NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408
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K010000	<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: 12/11/13</p> <p>Facility Number: 002574 Provider Number: 155677 AIM Number: NA</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist and Brett Overmyer, Life Safety Code Specialist/Supervisor</p> <p>At this Life Safety Code survey, Bell Trace Health and Living Center was found not in compliance with Requirements for Participation in Medicare, 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered, except the front entrance/exit carport. The facility has a</p>	K010000	<p>This plan of correction is to serve as Bell Trace Health & Living Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Bell Trace Health & Living Center or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations</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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	<p>fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 80 and had a census of 66 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, except the front entrance/exit carport. All areas providing facility services were sprinklered, except a wooden shed used for maintenance storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review, interview and observation; the facility failed to ensure 1 of 1 battery powered light sets was tested monthly for 30 seconds and annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. 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. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the generator log documentation on 12/11/13 at 11:45 a.m. with the Physical Plant Director and Maintenance Tech # 1 present, there was</p>	K010046	<p>K 046 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the policy of Bell Trace Health & Living</p> <p>Center to maintain an emergency lighting system in accordance with LSC 101</p> <p>Section 7.9.3.</p> <p>1. The battery back-up emergency lighting for the facility generator has been tested and allowed to function for 90 minutes.</p>	01/10/2014			

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	<p>no documentation to show the battery back up light set within the generator housing had been tested monthly for thirty seconds and a ninety minute annual test within the past twelve months. Based on interview at the time of record review, the Physical Plant Director and Maintenance Tech # 1 acknowledged there was no documentation to show the battery back up light set at the generator was not tested monthly for 30 seconds and annually for 90 minutes. Based on observation at 12:15 p.m. during a tour of the facility with the Physical Plant Director and Maintenance Tech # 1 the battery back up light set within the generator housing did light up when tested.</p> <p>3-1.19(b)</p>		<p>II. The maintenance director inspected all other emergency lighting in the facility to ensure that they are functioning properly and are tested as required. No other emergency lights were found to be out of compliance.</p> <p>III. The Maintenance Department staff will test the emergency back-up lighting for the generator for 30 seconds monthly and 90 minutes once each year. Tests will be documented and maintained in the Maintenance Department log book.</p>	

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			<p>IV. Monthly testing of the emergency generator back-up light will be added to our facility Preventative Maintenance calendar in the</p> <p>TELS maintenance software. HFA will</p> <p>monitor TELS tasks to ensure that the back-up light test is completed monthly.</p> <p>V. COMPLETION DATE: 01/10/2014</p>	

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K010051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 8 manual fire alarm boxes was readily accessible. NFPA 72, The National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice affects any number of residents, staff, and visitors while in the front entrance area which included the front lounge and staff offices.</p> <p>Findings include:</p>	K010051	<p>K 051 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the policy of Bell Trace Health & Living</p> <p>Center to maintain the fire alarm system in accordance with NFPA 72.</p>	01/10/2014

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	<p>Based on observation on 12/11/13 at 1:30 p.m. with the Physical Plant Director and the Maintenance Tech # 1, the manual fire alarm pull station at the front entrance/exit was located between the two sets of doors. The interior exit door was locked with a magnetic locking device and was designed to open after a 15 second delay, a power outage, fire alarm initiation, or pushing a four digit code on the keypad located next to the door. There was no other manual pull station within the same smoke compartment as the front entrance/exit. Based on interview at the time of observation, the Physical Plant Director and Maintenance Tech # 1 acknowledged the pull station was between the two sets of entrance/exit doors and could not be reached without delay.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p>		<p>I. The manual pull station located between the 2 sets of entrance doors has been relocated to a readily accessible location. The Digital Alarm Communicator Transmitter has been re-wired so that it sounds a trouble signal at the FACP annunciator located in the Rehab side nurse's station.</p> <p>II. The Maintenance Director has toured the facility and all other fire alarm pull stations are in readily accessible locations. The annunciator panel at the Rehab nurses' station has been tested and is receiving a strong signal from the Digital Alarm Communicator</p>	

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	<p>Findings include:</p> <p>Based on observations on 12/11/13 between 12:00 p.m. and 2:15 p.m. during a tour of the facility with the Physical Plant Director and Maintenance Tech # 1, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in a room behind the kitchen. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 1:40 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two FACP annunciators located at the front entrance, and the Rehab side nurses' station. The room behind the kitchen was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 1:45 p.m., the Physical Plant Director and Maintenance Tech # 1 acknowledged the phone line failure did not send a trouble signal to either of the two fire alarm control panel annunciators, nor could it be heard outside the room behind the kitchen.</p> <p>3.1-19(b)</p>		<p>Transmitter. Trouble alarms can be heard by staff</p> <p>working in and around the rehab Unit nurses station.</p> <p>III. The Maintenance staff will test the Digital Alarm</p> <p>Communicator Transmitter monthly to ensure that staff working in the area of</p> <p>the Rehab Nurses Station will hear an audible alarm in the event that the</p> <p>system failed. Documentation of the</p> <p>monthly tests will be maintained in the maintenance Department and will be</p> <p>available upon request.</p> <p>IV. Monthly testing of the FACP annunciator panel at</p> <p>the Rehab Nurses station will be</p>	

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			<p>added to our facility Preventative Maintenance</p> <p>calendar in the TELs maintenance software.</p> <p>HFA will monitor TELS tasks to ensure that the FACP annunciator panel at</p> <p>the Rehab Nurses is completed monthly.</p> <p>V. COMPLETION DATE: 1/10/2014</p>	

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage for 1 of 1 areas outside and attached to the building and constructed of combustible material. NFPA 13, 1999 Edition at 5-13.8.1 requires sprinklers be installed under combustible exterior roofs exceeding four feet in width. This deficient practice affects any number of residents, staff, and visitors while in the front entrance area which included the front lounge and staff offices.</p> <p>Findings include:</p> <p>Based on observation on 12/11/13 at 1:50 p.m. during a tour of the facility with the Physical Plant Director and Maintenance Tech # 1, there was a 45 foot by 30 foot carport overhang attached to the building</p>	K010056	K 056 NFPA 101 LIFE SAFETY CODE STANDARD	01/10/2014			

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	<p>outside the front entrance/exit doors. The overhang was constructed of a wood framed interior. There was no sprinkler coverage provided under the carport ceiling. Based on interview at the time of observation, the Physical Plant Director and Maintenance Tech # 1 acknowledged there was no sprinkler coverage under the carport ceiling.</p> <p>3.1-19(b)</p>		<p>It is the policy of Bell Trace Health & Living</p> <p>Center to maintain the Sprinkler system in accordance with NFPA 13, 1999</p> <p>Edition 5-13.8.1.</p>	

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			<p>1. The 45 X 30 foot carport overhang attached to the</p> <p>building outside the front entrance / exit doors has been fitted with sprinkler</p> <p>coverage.</p>	

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			<p>II. There are no other overhangs attached to the</p> <p>facility.</p>	

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			<p>III. The sprinkler system contractor will inspect the</p> <p>45 X 30 carport overhang to ensure sprinkler system is in good operating</p> <p>condition. Records of sprinkler system inspections will be kept on file in the</p> <p>Maintenance Department and will be available upon request.</p>	

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			<p>IV. Maintenance Department staff will report any</p> <p>non-compliance to the HFA who will bring the finding to the facility's Quality</p> <p>Improvement Committee.</p>	

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K010067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 106 of 106 fire dampers in 6 of 6 smoke compartments were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect all residents, as well as staff and visitors while in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/12/13 between 12:00 p.m. and 2:15 p.m. during a tour of the facility with the Physical Plant Director and Maintenance Tech # 1,</p>	K010067	K 067 NFPA 101 LIFE SAFETY CODE STANDARD	01/10/2014			

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NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408
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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
	<p>there were 106 fire dampers located in the HVAC supply air plenums in the ceilings throughout the facility. Based on interview with the Physical Plant Director and Maintenance Tech # 1 at the time of observations, the fire dampers have not been inspected and serviced by an HVAC contractor, or by someone in house, within the past four years, however, the Physical Plant Director said he has been in contact with an HVAC contractor to perform the service.</p> <p>3.1-19(b)</p>		<p>It is the policy of Bell Trace Health & Living</p> <p>Center to maintain and inspect the fire dampers in accordance with NPA 90A, LSC 9.2.1.</p>	

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			<p>1. All facility fire dampers located in HVAC supply</p> <p>air plenums have been inspected by a licensed contractor and are in good operating</p> <p>condition.</p>	

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			<p>II. All facility fire dampers located in HVAC supply</p> <p>air plenums have been inspected by a licensed contractor and are in good</p> <p>operating condition.</p> <p>III. Facility fire dampers located in HVAC supply air</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2013
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			<p>plenums will be inspected every 4 years by a licensed contractor. Inspection findings will be kept on file</p> <p>in the Maintenance Department and will be available upon request.</p> <p>IV. Maintenance Department staff will report any</p>	

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			<p>non-compliance to the HFA who will bring the finding to the facility's Quality Improvement Committee.</p> <p>V.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2013
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			COMPLETION DATE: 1/10/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2013
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K020000	<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: 12/11/13</p> <p>Facility Number: 002574 Provider Number: 155677 AIM Number: NA</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist and Brett Overmyer, Life Safety Code Specialist/Supervisor</p> <p>At this Life Safety Code survey, Bell Trace Health and Living Center was found not in compliance with Requirements for Participation in Medicare, 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) and 410 IAC 16.2. The 2008 Physical Therapy addition and the 2010 Rehab Addition at the end of the 100 hall were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered, except the front</p>	K020000	<p>This plan of correction is to serve as Bell Trace Health & Living Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Bell Trace Health & Living Center or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations</p>	
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	<p>entrance/exit carport. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 80 and had a census of 66 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, except the front entrance/exit carport. All areas providing facility services were sprinklered, except a wooden shed used for maintenance storage.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K020046 SS=C	<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, interview and observation; the facility failed to ensure 1 of 1 battery powered light sets was tested monthly for 30 seconds and annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. 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. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the generator log documentation on 12/11/13 at 11:45 a.m. with the Physical Plant Director and Maintenance Tech # 1 present, there was</p>	K020046	<p>K 046 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the policy of Bell Trace Health & Living</p> <p>Center to maintain an emergency lighting system in accordance with LSC 101</p> <p>Section 7.9.3.</p> <p>1. The battery back-up emergency lighting for the facility generator has been tested and allowed to function for 90 minutes.</p>	01/10/2014			

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	<p>no documentation to show the battery back up light set within the generator housing had been tested monthly for thirty seconds and a ninety minute annual test within the past twelve months. Based on interview at the time of record review, the Physical Plant Director and Maintenance Tech # 1 acknowledged there was no documentation to show the battery back up light set at the generator was not tested monthly for 30 seconds and annually for 90 minutes. Based on observation at 12:15 p.m. during a tour of the facility with the Physical Plant Director and Maintenance Tech # 1 the battery back up light set within the generator housing did light up when tested.</p> <p>3-1.19(b)</p>		<p>II. The maintenance director inspected all other emergency lighting in the facility to ensure that they are functioning properly and are tested as required. No other emergency lights were found to be out of compliance.</p> <p>III. The Maintenance Department staff will test the emergency back-up lighting for the generator for 30 seconds monthly and 90 minutes once each year. Tests will be documented and maintained in the Maintenance Department log book.</p>	

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			<p>IV. Monthly testing of the emergency generator back-up light will be added to our facility Preventative Maintenance calendar in the</p> <p>TELS maintenance software. HFA will</p> <p>monitor TELS tasks to ensure that the back-up light test is completed monthly.</p> <p>V. COMPLETION DATE: 01/10/2014</p>		

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K020051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/11/13 between 12:00 p.m. and 2:15 p.m. during a tour of the facility with the Physical Plant Director and Maintenance Tech # 1,</p>	K020051	<p>K 051 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the policy of Bell Trace Health & Living</p> <p>Center to maintain the fire alarm system in accordance with NFPA 72.</p>	01/10/2014			

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	<p>the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in a room behind the kitchen. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 1:40 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two FACP annunciators located at the front entrance, and the Rehab side nurses' station. The room behind the kitchen was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 1:45 p.m., the Physical Plant Director and Maintenance Tech # 1 acknowledged the phone line failure did not send a trouble signal to either of the two fire alarm control panel annunciators, nor could it be heard outside the room behind the kitchen.</p> <p>3.1-19(b)</p>		<p>I. The manual pull station located between the 2 sets of entrance doors has been relocated to a readily accessible location. The Digital Alarm Communicator Transmitter has been re-wired so that it sounds a trouble signal at the FACP annunciator located in the Rehab side nurse's station.</p> <p>II. The Maintenance Director has toured the facility and all other fire alarm pull stations are in readily accessible locations. The annunciator panel at the Rehab nurses' station has been tested and is receiving a strong signal from the Digital Alarm Communicator Transmitter. Trouble alarms can be heard by staff</p>	

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			<p>working in and around the rehab Unit nurses station.</p> <p>III. The Maintenance staff will test the Digital Alarm Communicator Transmitter monthly to ensure that staff working in the area of the Rehab Nurses Station will hear an audible alarm in the event that the system failed. Documentation of the monthly tests will be maintained in the maintenance Department and will be available upon request.</p> <p>IV. Monthly testing of the FACP annunciator panel at the Rehab Nurses station will be added to our facility Preventative Maintenance</p>	

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			<p>calendar in the TELS maintenance software.</p> <p>HFA will monitor TELS tasks to ensure that the FACP annunciator panel at the Rehab Nurses is completed monthly.</p> <p>V. COMPLETION DATE: 1/10/2014</p>	

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K020067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>Based on observation and interview, the facility failed to ensure 106 of 106 fire dampers in 6 of 6 smoke compartments were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect all residents, as well as staff and visitors while in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/12/13 between 12:00 p.m. and 2:15 p.m. during a tour of the facility with the Physical Plant Director and Maintenance Tech # 1,</p>	K020067	K 067 NFPA 101 LIFE SAFETY CODE STANDARD	01/10/2014			

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	<p>there were 106 fire dampers located in the HVAC supply air plenums in the ceilings throughout the facility. Based on interview with the Physical Plant Director and Maintenance Tech # 1 at the time of observations, the fire dampers have not been inspected and serviced by an HVAC contractor, or by someone in house, within the past four years, however, the Physical Plant Director said he has been in contact with an HVAC contractor to perform the service.</p> <p>3.1-19(b)</p>		<p>It is the policy of Bell Trace Health & Living</p> <p>Center to maintain and inspect the fire dampers in accordance with NPA 90A, LSC 9.2.1.</p>		

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			<p>1. All facility fire dampers located in HVAC supply</p> <p>air plenums have been inspected by a licensed contractor and are in good operating</p> <p>condition.</p>	

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			<p>II. All facility fire dampers located in HVAC supply</p> <p>air plenums have been inspected by a licensed contractor and are in good</p> <p>operating condition.</p> <p>III. Facility fire dampers located in HVAC supply air</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 12/11/2013
NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408		
(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	
			<p>plenums will be inspected every 4 years by a licensed contractor. Inspection findings will be kept on file</p> <p>in the Maintenance Department and will be available upon request.</p> <p>IV. Maintenance Department staff will report any</p>		

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NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408		
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			<p>non-compliance to the HFA who will bring the finding to the facility's Quality Improvement Committee.</p> <p>V.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2013
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NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408
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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
			COMPLETION DATE: 1/10/2014	