

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155801	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2013
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NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 305 E NORTH ST BOONVILLE, IN 47601
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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: 08/28/13</p> <p>Facility Number: 000450 Provider Number: 155801 AIM Number: 100273890</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Transcendent Healthcare of Boonville North LLC 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery</p>	K010000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective , September 18, 2013 to the Life Safety Code Recertification Survey conducted on August 28, 2013. Because the facility has submitted for paper compliance with its most recent annual survey, we are respectfully requesting that our life safety plan of correction be considered for paper compliance.</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>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 56 and had a census of 30 at the time of this survey.</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 09/03/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010050 SS=C	<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 ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Maintenance Bible on 08/28/13 at 11:00 a.m. with the Maintenance Director present, three of four second shift (evening) fire drills were performed between 3:50 p.m. and 4:00 p.m. During an interview at the time of record review, the Maintenance Director acknowledged the times the second shift fire drills were performed.</p> <p>3-1.19(b)</p>	K010050	<p>K050 It is the practice of Transcendent Healthcare of Boonville North to assure that fire drills are conducted at least quarterly on each shift at varying times. The correction action taken for those residents found to be affected by the deficient practice include: There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. Other residents that have the potential to be affected have been identified by: Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include: A fire drill is conducted for each shift each quarter. The fire drills are scheduled per the preventive maintenance schedule to be held each shift quarterly. The maintenance Director has been</p>	09/18/2013			

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			in- serviced related to the following of the preventive maintenance plan including varying the times of the fire drills on each shift. The corrective action taken to monitor performance to assure compliance through quality assurance is: The fire drills will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The review will include reviewing for each shift quarterly as well as time within each shift variations. The Maintenance Director, or designee, will be responsible for assuring that the fire drills are completed in accordance with the schedule. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance. The date the systemic changes will be completed: September 18, 2013		

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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 2 areas outside and attached to the building and constructed of partially 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 could affect any number of residents, staff and visitors while exiting to the outside from the dining room, Physical Therapy room, and Activity room.</p> <p>Findings include:</p> <p>Based on observation on 08/28/13 at 12:02 p.m. during a tour of the facility with the Maintenance Director, the rear porch entrance/exit area had a five and a</p>	K010056	<p>K056 It is the practice of Transcendent Healthcare of Boonville North to assure that all areas are sprinkled in accordance with the regulation. The correction action taken for those residents found to be affected by the deficient practice include: There are no specific residents identified. The rear porch entrance/exit is now sprinkled in accordance with the regulation. Please see under systems implemented to assure compliance with this tag. Other residents that have the potential to be affected have been identified by: Potentially all residents could be effected. All porches have been reviewed and are sprinkled in accordance with the regulation. Please refer to systems implemented to assure compliance with this tag. The measures or systematic changes</p>	09/18/2013

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	<p>half foot by eight foot overhang attached to the building. The overhang was constructed of wood framing with a vinyl ceiling. There was no sprinkler coverage provided under the overhang. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>		<p>that have been put into place to ensure that the deficient practice does not recur include: The sprinklers have been installed on the identified porch. The routine inspections/reviews are now scheduled in accordance with the preventive maintenance schedule to assure that they are maintained in accordance with the regulation. The maintenance Director has been in-serviced related to the preventive maintenance in relation to the sprinklers. The corrective action taken to monitor performance to assure compliance through quality assurance is: The installed sprinklers as well as all sprinklers are maintained in accordance with the regulation as part of the preventive maintenance program. The preventive maintenance for the sprinklers will be reviewed as part of the QA process at the quarterly meetings. The Maintenance Director, or designee, will be responsible for assuring that sprinklers are maintained appropriately. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation related to facility sprinkler maintenance. The date the systemic changes will be completed: September 18, 2013</p>		