

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155773	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 07/23/2014
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NAME OF PROVIDER OR SUPPLIER TERRACE AT SOLARBRON THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 MCDOWELL RD EVANSVILLE, IN 47712
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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: 07/23/14</p> <p>Facility Number: 010930 Provider Number: 155773 AIM Number: N/A</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Terrace at Solarbron 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), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was located on the first floor of a two story building determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open to the corridors, and battery operated</p>	K020000	This plan of correction is to serve as the Terrace of Solarbron's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by The Terrace at Solarbron or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.	

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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K020038 SS=E	<p>smoke detectors in all resident rooms. The facility has a capacity of 39 and had a census of 33 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached maintenance garage used for the storage of maintenance equipment.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/31/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 Based on observation and interview, the facility failed to ensure a handrail was provided for 1 of 1 exits with a ramp. LSC 18.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both</p>	K020038	K0038 1. To achieve an acceptable corrective action to this alleged deficiency, the Terrace at Solarbron has: secured a provider and contract to install a handrail adjacent to the East exit (Employee entrance) sidewalk and will run approximately 50 feet to the employee parking lot. The contracted provider is to begin the	08/21/2014

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K020051 SS=C	<p>sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect any number of residents, as well as staff and visitors during an evacuation from the Physical Therapy area. There were 5 residents in the Physical Therapy area at the time of this visit.</p> <p>Findings include:</p> <p>Based on observation on 07/23/14 at 3:00 p.m. during a tour of the facility with the Maintenance Supervisor and the Regional Facilities Manager, the east exit from the Physical Therapy area had a sidewalk which connected to another sidewalk which connected to the east parking lot. The two connecting sidewalks were 50 feet long and had a grade change of more than one foot from top to bottom and were not provided with a handrail on either side. This was acknowledged by the Maintenance Supervisor and the Regional Facilities Manager at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is</p>		<p>project once the supplies have been received with a target date of completion of 9/12/14 . 2. Residents on the east side of the building have the potential to be affected by this alleged deficiency. 3. A handrail will be installed next to the East exit sidewalk and will run approximately 50 feet to the employee parking lot. 4. The QA Committee will monitor the handrails that are provided for each exit with a sidewalk with a rise greater than 6 inches.</p>				

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	<p>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, interview, and record review; the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 7-1.1.2 states system defects and malfunctions shall be corrected. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 07/23/14 at 2:05 p.m. during a tour of the facility with the Maintenance Supervisor and the Regional Facilities Manager, the fire alarm control panel had a yellow trouble light illuminated. The Maintenance Supervisor said it was discovered yesterday (07/22/14), and the facility had USAutomatic fire and security come in</p>	K020051	<p>K0051 1.The facility has secured a provider and a contract to replace the current Fire Alarm Control Panel. The new Fire Alarm Control Panel will be installed by 9/12/14 . 2. Residents have the potential to be affected by this alleged deficient practice. 3. A new Fire Alarm Control Panel will be installed by 9/12/14 which will ensure that the panel will not have trouble light illuminated. 4. The maintenance Supervisor/designee will audit the new fire alarm control panel weekly for a year to ensure proper functioning.</p>	08/21/2014			

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K020062 SS=C	<p>and inspect the Fire Alarm Control Panel (FACP). The Maintenance Supervisor said he was told the problem was in the FACP and could not be permanently fixed at the time because of lack of the proper equipment, so USAutomatic temporarily repaired the problem by bypassing circuits from one zone to another zone. Based on review of the Work Request Order from USAutomatic at 2:10 p.m., the following was noted: "Trouble in 1st Center Smoke Zone 4. Internal open in main circuit board. Moved Z4 ckt. to Z21 and moved Z21 ckt. to Z32 (spare). Temporarily switched zones." Also, "Main Ckt. board needs to be replaced. Zones need to be relabeled. Ckt. board is being ordered." When the fire alarm system was tested between 3:15 p.m. and 3:30 p.m. all devices connected to the fire alarm system which could be observed, did function properly. This was acknowledged by the Maintenance Supervisor and the Regional Facilities Manager at the time of observation, record review, and fire alarm system testing.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are</p>			

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	<p>continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspection; flow, drain, and pump tests; trip tests of dry pipe, deluge and preaction valves. NFPA 25, 2-2.6 requires alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 2-3.3 requires waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be</p>	K020062	<p>K062 1. The quarterly sprinkler system inspection for the first quarter was conducted on 4/3/14. The second quarter sprinkler system inspection was conducted on 6/9/14 by the contractor. 2. Residents have the potential to be affected by this alleged deficient practice. 3. Quarterly sprinkler system inspections will be performed by the contractor within the calendar quarter for each quarter of the year. 4. The maintenance supervisor will review inspections quarterly to assure compliance. The results of these reviews will be discussed at a quarterly facility Quality Assurance Committee meeting. Frequency and duration of reviews will be increased as needed if compliance is below 100%.</p>	08/21/2014

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K020069 SS=D	<p>tested quarterly. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records in the Life Safety Book on 07/23/14 at 12:45 p.m. with the Maintenance Supervisor and the Regional Facilities Manager present, there was no quarterly sprinkler system inspection report available for the first quarter (January, February, and March) of 2014. During an interview at the time of record review, the Maintenance Supervisor acknowledged there was no written documentation or other evidence the sprinkler system had been inspected during the first quarter of 2014.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen range hood's fire extinguishing equipment was inspected and approved every 6 months by properly trained and qualified persons, furthermore, the</p>	K020069	K0069 1.The kitchen range hood fire extinguishing equipment has been inspected on 7/25/14 by the contractor. 2. No residents would be affected by this deficient practice. 3.The kitchen range hood fire extinguishing equipment was inspected on 7/25/14 . An	08/21/2014

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	<p>facility failed to ensure all components of the range hood fire extinguishing system were in proper operating condition. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, in 8-2 requires the inspection and servicing of the fire extinguishing system and listed exhaust hoods containing a constant or fire actuated water system shall be made at least every 6 months by properly trained and qualified persons. NFPA 96, 8-2.1 requires all actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire actuated dampers shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on review of the range hood inspection reports in the Life Safety Book on 07/23/14 at 1:15 p.m. with the Maintenance Supervisor and the Regional Facilities Manager present, there was no documentation to show the kitchen range hood's fire extinguishing equipment was inspected within the past six months. The most resent range hood fire</p>		<p>audit will be done semi annually to assure that the contractor has inspected the range hood fire extinguishing equipment. 4. The maintenance supervisor/designee will ensure that the contractor inspects the range hood equipment semi annually.</p>	

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	extinguishing equipment inspection report was dated 12/10/13. This was acknowledged by the Maintenance Supervisor at the time of record review. 3.1-19(b)				