

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155734	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/20/2016
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NAME OF PROVIDER OR SUPPLIER THORNTON TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 188 THORNTON RD HANOVER, IN 47243
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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: 07/20/16</p> <p>Facility Number: 004075 Provider Number: 155734 AIM Number: 200491220</p> <p>At this Life Safety Code survey, Thornton Terrace Health Campus 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled except resident room 102 closet. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The healthcare portion</p>	K 0000		

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 0011 SS=F Bldg. 01	<p>of the facility has 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 sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review on 07/22/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and shall be protected by approved self-closing fire doors with at least 1 1/2 hour fire resistance rating 18.1.1.4.1, 18.1.1.4.2, 18.2.3.2, 19.1.1.4.1, 19.1.1.4.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 two hour fire rated separation walls between the Health Center and the assisted living occupancy were maintained. This deficient practice could affect all healthcare residents in the event of a fire in the fire barrier located above the kitchen, which extends above the ceiling along the main dining room to the Service Hall and the North Hall.</p> <p>Findings include:</p>	K 0011	<p>Materials ordered on 7/27/2016 to fill the (2) two inch gaps around electrical conduit penetrations on both sides of the fire barrier wall in the attic above the kitchen. Materials ordered on 7/27/2016 to fill the (3) one to three in gaps around electrical conduit penetrations on both sides of the fire wall on the North Hall fire barrier wall. Repairs have had work orders created and will be completed by August 5, 2016. All residents have the potential to be affected. Director of Maintenance will do follow up inspections after contracted workers perform tasks in attic in or</p>	08/05/2016

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K 0056 SS=E Bldg. 01	<p>Based on observations on 07/20/16 from 12:10 p.m. to 12:40 p.m. with the director of plant operations and director of environmental services, the fire barrier wall, located in the attic above the kitchen, had two, two inch gaps around electrical conduit penetrations not fire stopped on both sides of the fire barrier wall and the North Hall fire barrier wall had three, one inch to three inch gaps around electrical conduit penetrations on both sides of the fire barrier wall. This was verified by the director of plant operations at the time of observations and acknowledged by the administrator at the exit conference on 07/20/16 at 12:46 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations</p>		<p>around fire barriers. Inspections will be ongoing as needed. Director of Plant Maintenance will perform monthly audits to be reported in monthly QA once per month x 6 months to ensure the integrity of fire barriers and repairs made.</p>				

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	<p>prohibit sprinklers. 18.3.5, 18.3.5.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 resident room closet on the 100 Hall was provided with sprinkler coverage. This deficient practice affects 8 residents who reside on the 100 Hall.</p> <p>Findings include:</p> <p>Based on observation on 07/20/16 at 11:15 a.m. with the director of plant operations, resident room 102 room closet lacked sprinkler coverage. This was verified by the director of plant operations at the time of observation and acknowledged by the administrator at the exit conference on 07/20/16 at 12:46 p.m.</p> <p>3.1-19(b)</p>	K 0056	<p>KO56 Life Safety Estimate for sprinkler obtained on 7/20/2016 for Room 102 closet sprinkler to be installed. Work order has been created and contractor to complete by August 19th installation of sprinkler. This deficient practice affects 8 residents who reside on the 100 Hall. All closets in rooms audit completed by 8/4/2016 to ensure sprinklers present.</p>	08/19/2016	