

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155019	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2012
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S CURRY PK BLOOMINGTON, IN 47403
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K0000	<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: 05/01/12</p> <p>Facility Number: 000007 Provider Number: 155019 AIM Number: 100275040</p> <p>Surveyors: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Garden Villa 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 (111) construction and was fully sprinklered except for the therapy closet on 300 hall south. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident rooms on Unit 4</p>	K0000		

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>and rooms 501 through 508 on Unit 6. The facility has a capacity of 224 and had a census of 197 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 doors leading to hazardous areas such as kitchens were provided with latching devices which would keep the doors latched into the door frames. This deficient practice affects 5 residents in the adjacent dining room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/01/12 at 1:55 p.m. with the Maintenance Supervisor, the door to the southwest and the door to the southeast of the kitchen each lacked latching devices to latch the doors into their individual door frames. Based on interview on 05/01/12 at 1:58 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned doors leading into the kitchen lacked latching</p>	K0029	<p>It is the policy of Garden Villa to comply with any and all life safety code standards. Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? One of the two doors is having panic hardware device installed to meet latching requirements as stated in the new interpretation of the K-tag 029. Door 2 of 2 has been fitted with a latching hand-set. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Residents, staff and family members have the potential to be affected in the dining room. Same corrective action as above. III. What measures will be put into place or what systemic changes will be</p>	05/31/2012	

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	devices which would latch securely into the door frame and keep the doors closed. 3.1-19(b)		made to ensure the deficient practice does not recur?All doors in hazardous areas have been checked in the facility. No concerns found.IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur?Anytime new doors are installed plant operations will ensure latching mechanisms are in place.V. Completed by May 31, 2012		

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K0051 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>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/01/12 at 2:10</p>	K0051	It is the policy of Garden Villa to comply with any and all life safety code standards. Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A cylinder lock has been installed to prevent unauthorized employees access to the fire alarm circuit control. Also, a sign has been mounted indicating fire alarm circuit control panel. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective	05/31/2012			

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	<p>p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker located on 300 hall north next to nurse's station # 4 was not identified in red as FIRE ALARM CIRCUIT CONTROL and was open to the corridor and accessible to unauthorized personnel. Based on interview on 05/01/12 at 2:15 p.m. with the Maintenance Supervisor, it was acknowledged the electrical breaker for the fire alarm control panel (FACP) located on 300 hall north next to nurse's station # 4 was not identified as FIRE ALARM CIRCUIT to distinguish it as the power source for the FACP and was accessible to unauthorized personnel.</p> <p>3.1-19(b)</p>		<p>action(s) will be taken?All residents have the potential to be affected as well as staff and visitors. Changes were completed on May 21, 2012.III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? Plant operations department will stay up-to-date on new and different interpretations and Life Safety Code changes as they are released.IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur?Plant operations department has updated all NFPA and Life Safety Code manuals and handbooks to the latest version.V. Completed by May 21, 2012</p>		

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K0056 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 ensure 1 of 1 closets in the Therapy room on 300 hall south was provided with an automatic sprinkler head to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 30 residents on 300 south hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 05/01/12 at 1:17 p.m. with the Maintenance Supervisor, the closet at the north east end of the Therapy room was not provided with a sprinkler head. Based on interview on 05/01/12 at 1:18 p.m. with the Maintenance Supervisor, it was acknowledged there was no sprinkler head in the Therapy room closet to provide complete sprinkler coverage for</p>	K0056	<p>It is the policy of Garden Villa to comply with any and all life safety code standards. Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Sprinkler head was added to the closet in the therapy office. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Residents on 3South and therapy area had potential to be affected. Sprinkler head will be added on 5-23-12. III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? Any changes to the building where sprinklers are necessary,</p>	05/31/2012			

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	the facility. 3.1-19(b)		plant operations will ensure they are installed at the time of the change.IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur?Plant operations will inspect any alteration or changes to see if sprinkler additions are necessary.V. Completed on May 23, 2012		

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K0064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2-3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect any residents using the main dining room, located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 05/01/12 at 2:48</p>	K0064	<p>It is the policy of Garden Villa to comply with any and all life safety code standards. Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?A placard has been ordered with proper wording for K-class fire extinguisher in kitchen.II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?Any resident using main dining room had the potential to be affected. Placard has been ordered and will be installed by 5-31-12.III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? If K-class fire extinguisher gets relocated or moved, plant operations department will make sure placard gets relocated as well.IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur? When plant operations department does monthly extinguisher check they will ensure placard is in</p>	05/31/2012			

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	<p>p.m. with the Maintenance Supervisor, there was a K class extinguisher conspicuously placed next to the entry door to the kitchen, but it lacked a placard. Based on interview on 05/01/12 at 2:50 p.m. with the Maintenance Supervisor, it was acknowledged the K class portable fire extinguisher was not provided with a placard.</p> <p>3.1-19(b)</p>		<p>place.V. Completed by May 31, 2012</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 05/01/12 at 12:45 p.m. with</p>	K0144	<p>It is the policy of Garden Villa to comply with any and all life safety code standards. Garden Villa submits the following action as evidence of its commitment to compliance with regulatory requirements. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?An additional remote stop will be installed at generator transfer switch to meet new interpretation of K-144.II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?All occupants have the potential to be affected. Additional remote stop will be installed by 5-31-12.III. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur?Plant operations department along with Cummins Tri-State will stay up-to-date with all new interpretations and regulations with emergency generator.IV. How corrective action(s) will be monitored to ensure the deficient practice will not recur?Plant operations department has contracted with</p>	05/31/2012			

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	<p>the Maintenance Supervisor, a remote shut off device was not found for the generator. Based on review of Generator Maintenance records on 05/01/12 at 3:30 p.m. with the Maintenance Supervisor, the generator was installed in 2007 and a remote means to shut the generator off was not provided. Based on interview on 05/01/12 at 12:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was not aware a remote shut off for the generator was required.</p> <p>3.1-19(b)</p>		<p>Cummins Tri-State and with their knowledge we hope to prevent any future problems.V. Completed on May 31, 2012</p>		