

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 03/14/2016 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012 |
|---|---|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

| | | | | |
|------------------------|---|--------|---|--|
| 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: 03/14/16</p> <p>Facility Number: 000027 Provider Number: 155690 AIM Number: 100266180</p> <p>At this Life Safety Code survey, Lindberg Crossing Senior Living 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. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in resident rooms. The facility has a capacity of 97 and had a census of 45 at the time of this survey.</p> | K 0000 | Please consider this Plan of Correction as the facility credible allegation of compliance This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare Requirements Submission of this plan of correction is not an admission that a deficiency exists or that the facility agrees they were cited correctly This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and it is submitted solely as a requirement of the provisions of Federal and State law | |
|------------------------|---|--------|---|--|

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.

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 03/14/2016 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012 |
|---|---|

| (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 |
|----------------------------|--|---------------|--|----------------------|
| K 0068 SS=E Bldg. 01 | <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered except for one detached garage used for facility storage which was not sprinklered.</p> <p>Quality Review completed on 03/17/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 Based on observation and interview, the facility failed to ensure 3 of 3 gas dryers in the laundry room were provided with intake combustion air from the outside for rooms containing fuel fired equipment. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for 10 residents on 400 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/14/16 at 2:00 p.m. with the Maintenance Assistant, the three gas fueled dryers in the laundry room on 400 hall were not supplied with a fresh air intake from the outside. Based on interview on 03/14/16 concurrent with</p> | K 0068 | The facility has provided a fresh air intake for the three gas dryers located in the 400 hall laundry room. Since no residents were residing on the 400 hall and it is not currently occupied the facility maintenance director will conduct routine maintenance rounds and will report and repair as needed. The results of any problems or repairs required for our fresh air intake will be reported at our monthly QA meeting. | 04/13/2016 |

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 03/14/2016 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012 |
|---|---|

| (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 |
|----------------------------|---|---------------|--|----------------------|
| K 0147 SS=E Bldg. 01 | <p>the observation it was acknowledged by the Maintenance Assistant the fresh air intake for the aforementioned gas appliances was not available.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 6 power strips observed including extension cords and non-fused multiplug adapters were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice would affect 1 resident on 500 hall and 10 residents on 600 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 03/14/16 during the tour from 1:00 pm. to 2:00</p> | K 0147 | <p>The resident in room 509 has had their room rearranged to allow for the refrigerator and medical bed to be plugged into fixed wiring The resident in room 605 also had their room rearranged to allow for the refrigerator to be plugged directly into fixed wiring A complete facility audit was completed to assure no other medical equipment or refrigerators were plugged into surge protectors and no other rooms were found deficient The Administrator or his designee will conduct rounds on 5 rooms at least 3xs weekly for one month and 5 rooms 3xs monthly thereafter Facility staff were re-inserviced regarding the use of extension cords and surge protectors as a substitute for fixed wiring Any problems or concerns resulting from these rounds will be corrected immediately and reported at our monthly QA meeting for changes as needed</p> | 04/13/2016 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 03/14/2016 |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER LINDBERG CROSSING SENIOR LIVING | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012 | | |
| (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>p.m. with the Maintenance Assistant, the following was noted:</p> <p>a) A surge protector was used to power a mini refrigerator and medical bed in resident room 509.</p> <p>b) A surge protector was used to power a mini refrigerator in resident room #605.</p> <p>Based on interview with the Maintenance Assistant at the time of observations during the tour surge protective devices were used with medical equipment and mini refrigerators.</p> <p>3.1-19(b)</p> | | | | |