

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155744	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2013
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NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 351 N ALLEN CHAPEL RD KENDALLVILLE, IN 46755
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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: 02/05/13</p> <p>Facility Number: 000570 Provider Number: 155744 AIM Number: 100275010</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lutheran Life Villages 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 with a basement 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, areas open to the corridors and hard wired smoke detectors in the resident rooms.</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>The facility has a capacity of 127 and had a census of 75 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a garage providing facility services that was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/08/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0048 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to provide 1 of 1 written fire plans which included the immediate response to alarms. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Director of Maintenance on 02/05/13 at 3:21 p.m., the "Emergency Procedure Manual" stated in the event of a fire alarm the staff is to wait forty five seconds before silencing the alarm. At this time an announcement will be made informing the facility the location of the fire. The</p>	K0048	<p>What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were directly affected by the deficient practice.</p> <p>What measures were put in place to identify other residents at risk? All residents were at risk by this deficient practice. Fortunately, the staff has been trained and responded correctly regardless of the mistake in typing the procedure. The procedure has been corrected.</p> <p>What systemic change will be made to ensure the deficient practice does not recur? Code Red Alarm procedure has been corrected. (see Attachment #1)</p> <p>How will the corrective action be monitored? The Director of Maintenance will ensure that the procedure will not be changed.</p> <p>By what date will the systematic change be completed? The Code Red Alarm procedure was corrected on 2/5/13.</p>	02/05/2013			

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	<p>staff will need to wait forty five seconds before they're made aware of the location of the fire and which smoke compartment is affected and which are unaffected should the need for a horizontal evacuation become necessary. This was confirmed by the Director of Maintenance at the time of record review.</p> <p>3.1-19(b)</p>			

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K0052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observations with Director of Maintenance on 02/05/13 from 2:50 p.m. to 3:00 p.m., when the automatic dialer component was placed in trouble from phone line failure for ten minutes, a local trouble alarm was initiated in the basement phone room which was not occupied continuously by staff. The trouble signal was not transmitted to the main fire alarm panel at the main entrance nor to the annunciator alarm panel at the southwest nurses' station. This was confirmed by Director of Maintenance at</p>	K0052	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were directly affected by the deficient practice.</p> <p>What measures were put in place to identify other residents at risk? All residents were at risk by this deficient practice. In the past, Koorson Fire and Safety were notified when there was a phone line failure and Koorson would notify LLV. It has been arranged for Koorson to install necessary equipment to be in compliance.</p> <p>What systemic change will be made to ensure the deficient practice does not recur? Koorson Fire and Safety will be installing equipment so if there is a phone line failure, LLV will be notified by the notifier panel at the front entrance and the Southwest Nurse's station. LLV will be in compliance. (See attachment # 2)</p> <p>How will the corrective action be monitored? The Director of Maintenance and/or designee will monitor the</p>	03/01/2013	

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	the time of observation. 3.1-19(b)		installation and programming of fire panel equipment. By what date will the systematic change be completed? Koorson Fire and Safety is scheduled the week of 2/24.		