

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155005	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2016
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE ANDERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N MADISON AVE ANDERSON, IN 46011
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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: 04/11/16</p> <p>Facility Number: 000005 Provider Number: 155005 AIM Number: 100270840</p> <p>At this Life Safety Code survey, Providence-Anderson 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 216 and had a census of 124 at the time of this survey.</p>	K 0000		
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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 0056 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for two detached garages which were not sprinklered.</p> <p>Quality Review completed on 04/14/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. 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 prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 2 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies</p>	K 0056	<p>Residents Effected</p> <p>Area identified on front patio which needs automaticsprinkler system. Koorsen, the facilityFire Sprinkler System company was called out to the facility on 4/26/16 to assess and provide solution options. Sprinklers will be installed and the specifics of the work are stillbeing determined. If the completion ofthis project extends past May 11, 2016, we will request an extension to the compliance date and work to</p>	05/11/2016

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K 0070 SS=E Bldg. 01	<p>exceeding four feet in width. This deficient practice could affect 22 residents on East hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 04/11/16 at 1:34 p.m. with the Maintenance Supervisor, the front entrance overhang was constructed of a vinyl material for the ceiling with steel construction which connects to the building and extends twenty feet in width and lacked outside sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the lack of sprinkler protection outside and under the Front exit overhang.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices shall be prohibited in all health care occupancies. Except it shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C). 18.7.8, 19.7.8 Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space</p>	K 0070	<p>achieve compliance as soon as practicable.</p> <p>Identification of other residents Other exit areas were inspected for roofs extending more than 4 feet from the facility and none were found.</p> <p>Systemic changes Written notice to the corporate office was sent to ensure that any new construction or renovations had automatic sprinkler systems if the overhanging roof extended more than four feet from the facility.</p> <p>Monitoring The maintenance director or designee will monitor adequate sprinkler location coverage in the facility weekly for 1 month, bi-weekly for 2 months and monthly for 3 months.</p> <p>Completion Date: 5/11/16</p> <p>Residents Effected Portable heater was removed from the facility on 4/11/16.</p>	05/02/2016			

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K 0130 SS=E Bldg. 01	<p>heaters observed in nonresident rooms. This deficient practice could affect 37 residents on Family Tree wing as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/11/16 at 2:25 p.m. with the Maintenance Supervisor, one portable space heater was plugged in and being used in the Board room on Family Tree wing. Based on interview on 04/11/16 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the portable heater was not allowed in the facility and no documentation pertaining to the portable space heater was available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation, interview and record review, the facility failed to ensure the location of 1 of 1 liquefied petroleum gas (LPG) containers was at least 5 feet away from a designated smoking area. LSC 19.1.1.3 states health facilities shall be maintained and operated to minimize the possibility of a fire emergency. LSC 8.4.3.1(3) requires the storage and</p>	K 0130	<p>Identification of other residents Other residents with the potential to be affected is facility wide. All areas of the building were inspected to insure no other heaters were in house.</p> <p>Systemic changes Staff were educated that portable heaters are not allowed in the facility.</p> <p>Monitoring Maintenance director or designee will monitor to ensure no portable heaters are in the facility - weekly for 1 month, bi-weekly for 2 months and monthly for 3 months.</p> <p>Completion Date: 5/2/16</p> <p>Specific identified concern The grill was removed from smoking area on 4/11/16.</p> <p>Identification of other residents Other residents with the potential to be affected are any residents in the courtyard. The grill was moved 150 feet from the smoking area.</p>	05/02/2016

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	<p>handling of flammable liquids or gases to be in accordance with NFPA 58, 1998 Edition Liquefied Petroleum Gas Code. NFPA 58, Section 3-2.2.2 requires containers installed outside of buildings to be in accordance with Table 3-2.2.2. and Section 3-2.2.2(d) specifies the distance measured in any direction from the point of discharge of a container pressure relief valve, the vent of a fixed maximum liquid level gauge on a container, or the installed location of the filling connection of a container to any exterior source of ignition, openings into direct-vent (sealed combustion system) appliances, or mechanical ventilation air intakes shall be in accordance with Table 3-2.2.2(d). Table 3-2.2.2(d) indicates the minimum distance between a portable LPG container replaced on a cylinder exchange basis and an exterior ignition source is 5 feet. This deficient practice could affect any resident near the smoking area as well as staff or visitors using the smoking area outside the facility near the west patio.</p> <p>Findings include:</p> <p>Based on observation on 04/11/16 at 2:15 p.m. with the Maintenance Supervisor, the sixteen lb. portable propane tank used to provide fuel for the outdoor grill was within 5 feet from the patio outside the</p>		<p>Systemic changes Staff were educated that a gas grill cannot be within 5feet of the smoking area. Measures putin place for a new location for grill.</p> <p>Monitoring Maintenance director or designee will monitor the courtyardareas to ensure a safe distance between smoking areas and gas grills - weeklyfor 1 month, bi-weekly for 2 months and monthly for 3 months.</p> <p>Completion Date: 5/2/16</p>	

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	<p>Breakroom where smoking was permitted. Based on interview on 04/11/16 at 2:20 p.m. with the Maintenance Supervisor it was acknowledged this area is used for residents, visitors and staff to smoke and the portable propane tank still contained fuel and was adjacent to the resident smoking area. Furthermore, the Maintenance Supervisor was unaware the portable propane tank needed to be five feet away from an ignition source. Based on record review of the smoking policy on 04/11/16 at 2:45 p.m. the policy did not address a smoking area was not to be near a combustible gas source.</p> <p>3.1-19(b)</p>			