STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155038	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED 12/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW NURSING CENTER	2200 WHITERIVER BLVD MUNCIE, IN 47303

(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
K010000	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). Survey Date: 12/10/14 Facility Number: 000013 Provider Number: 155038 AIM Number: 100266100 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Parkview Nursing Center 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. This one story facility was determined to be of Type V (000) 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 all resident rooms. The facility has a capacity of 74 and had a census of 61 at	K010000	"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. Please see the additional documents attached in preparation for the facility's respectfull request of desk review" Should you have any questions please contact John Myers at 765-289-3341. Thank you	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one garage which was not sprinklered. Quality Review by Dennis Austill, Life Safety Code Specialist on 12/15/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010045 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 Based on observation and interview, the facility failed to ensure the lighting in 6 of 8 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect all residents including visitors and staff, if the facility were required to evacuate in an emergency and the single bulb outside light fixture failed. Findings include:	K010045	This facility does ensure the lighting in exit means of egress are arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. A one time review of light fixtures has been completed at exit egress areas. The facility has obtained the necessary double light bulb fixtures via an energy service company. The Maintenance Director will ensure the light fixtures are the double bulb fixtures on exit means of	01/09/2015

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	Based on observation on 12/10/14 during the tour between 12:45 p.m. to 3:00 p.m. with the Maintenance Supervisor all exits except the Front entrance and the north smoking exit had only one single bulb fixture on generator backup to provide illumination for the exit discharge to a public way. Based on interview with the Maintenance Supervisor concurrent with the observations it was acknowledged only the Front entrance and north smoking exit had more than a single light fixture available to illuminate the exit discharges. 3.1-19(b)		egress are replaced by 1-9-15. Administrator or designee will inspect all exit means of egress for a period of six months ensuring that double bulb lighting is available and functioning reporting to the QA&A Committee any issues and resolution of such issues. Any further action necessary will be as determined by the QAPI committee.	
K010056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 Based on observation and interview, the facility failed to ensure 3 of 14 steel	K010056	This facility does ensure steel armover sprinkler pipes are installed in accordance with the	01/09/2015

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	armover sprinkler pipes observed were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in the building if the sprinkler system required repair as well as staff or visitors. Findings include: Based on observations on 12/10/14 during the tour between 1:15 p.m. to 3:00 p.m. with the Maintenance Supervisor, the steel sprinkler pipe armovers observed exposed and below the ceiling in resident rooms 112, 231 and 232 were measured to be 31 inches, 49 inches and 73 inches long and unsupported. Based on interview on 12/10/14 concurrent with the observations with the Maintenance Supervisor it was acknowledged the aforementioned steel sprinkler pipe armovers exceeded twenty four inches in length and were unsupported. 3.1-19(b)		requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The steel sprinkler pipe armovers in rooms 112, 231 and 232 have been repaired to the extent that they are now within regulatory guidance. A one time facility wide review has been completed to ensure steel armovers are in place as per the NFPA 13 requirement and Standard. The Maintenance director will be responsible to inspect piping on the sprinkler system monthly to ensure armover sprinkler pipes are installed in accordance with NFPA 13, and be responsible on reporting to the adminstrator should any piping be in need of repair on fixed. The Administrator will forward the resulst of the monthly sprinkler inspection as commpleted to the QA&A Committee and resolution to such findings for a period of not less than six months. Any further action will be as determined by the QA & A committee.	

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