

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/08/2016
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NAME OF PROVIDER OR SUPPLIER  PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060
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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: 02/08/16</p> <p>Facility Number: 012305 Provider Number: 155779 AIM Number: 20098790</p> <p>At this Life Safety Code survey, Prairie Lakes Health Campus 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 18, New 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 hard wired smoke detectors in all resident rooms. The facility has a capacity of 61 and had a census of 48 at the time of this survey.</p>	K 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Life Safety Survey on February 08, 2016. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
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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 0029 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 doors leading into hazardous areas such as rooms with combustible items was provided with a 3/4 hour fire rated door. This deficient practice could affect 12 residents observed in the adjacent 300 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/08/16 at 1:57 p.m. with the Maintenance Supervisor, the Medical records room adjacent to 300 hall which was greater than fifty square feet had thirty two cardboard boxes inside and the fire rating tag on the door indicated it was a twenty minute fire rated door. Based on interview on 02/08/16 concurrent with the observation with the Maintenance Supervisor, it was</p>	K 0029	<p>In response to the cited findings to K029, A one-hour fire-rated door has been ordered from our supplier and will be installed once shipped to the building. Due to the special nature of the door specifications it will be a 4-6 week lead time on receipt and installation.</p> <p>In response to the cited findings to K056, Hydro Fire Protection was contacted and will complete armovert support to the sprinklers in the Mechanical riser room on 3/15/2016 to ensure proper support.</p> <p>In response to the cited findings to K062, Hydro Fire Protection was contacted and will complete sprinkler head installation for one automatic sprinkler head under canopy outside the 200 hall exit on 3/15/2016 to ensure non-corrosion.</p>	04/22/2016

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K 0056 SS=E Bldg. 01	<p>acknowledged the aforementioned corridor door was a 20 minute instead of a 3/4 fire rated door.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. Based on observation and interview, the facility failed to ensure 2 of 2 steel armover sprinkler pipes observed in the Mechanical riser room was 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</p>	K 0056	<p>In response to the cited findings to K130, Cylinder of non-flammable gas was secured to prevent accidental damage from occurring.</p> <p>No residents were adversely affected with respect to any of these findings. All findings will be reviewed to ensure continued compliance in QA for 6 months.</p> <p>In response to the cited findings to K029, A one-hour fire-rated door has been ordered from our supplier and will be installed once shipped to the building. Due to the special nature of the door specifications it will be a 4-6 week lead time on receipt and installation.</p> <p>In response to the cited findings to</p>	03/15/2016

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K 0062 SS=B Bldg. 01	<p>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.</p> <p>Findings include:</p> <p>Based on observation on 02/08/16 at 2:50 p.m. with the Maintenance Supervisor, two steel sprinkler pipe armovers in the Mechanical riser room adjacent to 400 hall were measured to be twenty eight inches long and were unsupported:</p> <p>Based on interview on 02/08/16 concurrent with the observation with the Maintenance Supervisor it was acknowledged the aforementioned steel sprinkler pipe armovers exceeded twenty four inches in length and were unsupported.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 1 of 6 sprinklers</p>	K 0062	<p>K056, Hydro Fire Protection was contacted and will complete armover support to the sprinklers in the Mechanical riser room on 3/15/2016 to ensure proper support.</p> <p>In response to the cited findings to K062, Hydro Fire Protection was contacted and will complete sprinkler head installation for one automatic sprinkler head under canopy outside the 200 hall exit on 3/15/2016 to ensure non-corrosion.</p> <p>In response to the cited findings to K130, Cylinder of non-flammable gas was secured to prevent accidental damage from occurring.</p> <p>No residents were adversely affected with respect to any of these findings. All findings will be reviewed to ensure continued compliance in QA for 6 months.</p> <p>In response to the cited findings to K029, A one-hour fire-rated door has</p>	03/15/2016

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K 0130 SS=E Bldg. 01	<p>under outside canopies which had visible accumulation of corrosion. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect the 16 residents on 200 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/08/16 at 2:25 p.m. with the Maintenance Supervisor, one automatic sprinkler head under the canopy outside the 200 hall exit had accumulated amounts of corrosion on the entire sprinkler head. Based on interview concurrent with the observation with the Maintenance Supervisor it was acknowledged the sprinkler head had visible amounts of corrosion.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the</p>			K 0130	<p>been ordered from our supplier and will be installed once shipped to the building. Due to the special nature of the door specifications it will be a 4-6 week lead time on receipt and installation.</p> <p>In response to the cited findings to K056, Hydro Fire Protection was contacted and will complete armover support to the sprinklers in the Mechanical riser room on 3/15/2016 to ensure proper support.</p> <p>In response to the cited findings to K062, Hydro Fire Protection was contacted and will complete sprinkler head installation for one automatic sprinkler head under canopy outside the 200 hall exit on 3/15/2016 to ensure non-corrosion.</p> <p>In response to the cited findings to K130, Cylinder of non-flammable gas was secured to prevent accidental damage from occurring.</p> <p>No residents were adversely affected with respect to any of these findings. All findings will be reviewed to ensure continued compliance in QA for 6 months.</p> <p>In response to the cited findings to K029, A one-hour fire-rated</p>		03/09/2016

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	<p>facility failed to ensure 1 of 1 cylinders of non-flammable gas were secured in a rack or fastened securely to prevent accidental damage. NFPA 99, 4-3.1.1.2(a)3, Storage Requirements for non-flammable gases requires provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. This deficient practice could affect 16 residents on 200 hall as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on an observation on 02/08/16 at 1:50 p.m. with the Maintenance Supervisor, there was one unsupported large cylinder of helium in the oxygen storage room on 200 hall. Based on interview concurrent with the observation it was acknowledged by the Maintenance Supervisor the cylinder of helium was free standing and unsupported.</p> <p>3.1-19(b)</p>		<p>door has been ordered from our supplier and will be installed once shipped to the building. Due to the special nature of the door specifications it will be a 4-6 week lead time on receipt and installation. In response to the cited findings to K056, Hydro Fire Protection was contacted and will complete armover support to the sprinklers in the Mechanical riser room on 3/15/2016 to ensure proper support. In response to the cited findings to K062, Hydro Fire Protection was contacted and will complete sprinkler head installation for one automatic sprinkler head under canopy outside the 200 hall exit on 3/15/2016 to ensure non-corrosion. In response to the cited findings to K130, Cylinder of non-flammable gas was secured to prevent accidental damage from occurring. No residents were adversely affected with respect to any of these findings. All findings will be reviewed to ensure continued compliance in QA for 6 months.</p>	