STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 06/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	5911 W SR 46 ELLETTSVILLE, IN 47429

(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	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: 06/02/15 Facility Number: 000558 Provider Number: 155523 AIM Number: 100267550 At this Life Safety Code survey, Richland Bean Blossom Health Care 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) and 410 IAC 16.2. The one story facility was determined to be Type V (000) construction and 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 sleeping rooms. The facility has a capacity of 79 and had a census of 72 at the time of this survey.	K 0000		

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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	All areas where residents have customary access were sprinklered except for the detached smoking hut. All areas providing facility services were sprinklered except for the three detached general storage buildings.			
K 0018 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 17 corridor doors on 400 hall would close and latch securely into its frame. This deficiency could affect 16 residents on 400 hall as well as visitors and staff.	K 0018	The door was repaired on 6/3/15. All other mechanical doors were checked for proper latching. Doors will be checked through the preventative maintenance system to ensure continued latching on a monthly basis and repairs made at that time.	06/03/2015

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	Findings include: Based on observation on 06/02/15 at 1:45 p.m. with the Maintenance Supervisor and Administrator, the Mechanical room corridor door adjacent to B nursing station on 400 hall lacked a latching device to securely latch the door into its frame. Based on interview on 06/02/15 concurrent with the observation with the Maintenance Supervisor and Administrator, it was acknowledged the aforementioned Mechanical room corridor door did not latch into its frame. 3.1-19(b)			
K 0050 SS=F Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between	K 0050	Verification of receipt of the signal was added to the TELS maintenance system to ensure any signal sent was received. Following each month's fire drills, receipt of the transmission will be	06/04/2015

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	6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors. Findings include: Based on review of Fire Drill Reports on 06/02/15 at 3:14 p.m. with the Maintenance Supervisor and Administrator, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months, from 05/2014 to 05/2015 indicated the fire alarm system had been activated, but the verification of the transmission of the signal was not documented. Based on interview concurrent with record review it was acknowledged none of the fire drill reports documented the transmission of the signal was received by the monitoring station. 3.1-19(b) 3.1-51(c)		verified by Maintenance by observing in the TELS system. Any failure to verify by Central Security will be reported immediately by Maintenance and the TELS system notified.	

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K 0062 SS=C Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents throughout the facility as well as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as a replacement. Findings include: Based on observation on 06/02/15 at 2:05 p.m. with the Maintenance Supervisor	K 0062	Koorsen arrived and placed two sprinkler heads representing all types of heads in place in the facility. Upon quarterly inspections, Maintenance will validate with the monitoring company that all heads are in place. In the event of a sprinkler head replacement, Maintenance will ensure at least two spares of the particular head are in place before the replacement is completed.	06/05/2015

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	and Administrator, the Riser room adjacent to the Conference room on 100 hall which contained the sprinkler box with extra sprinkler heads was not equipped with sidemount sprinkler heads which were observed being used by the Front entrance of the facility. Based on interview on 06/02/15 at 2:06 p.m. with the Maintenance Supervisor and Administrator, it was acknowledged the spare sprinkler cabinet located in the Riser room did not have two of each type of sprinkler heads in the sprinkler box. 3.1-19(b)			