

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155253	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2016
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NAME OF PROVIDER OR SUPPLIER MEADOWOOD HEALTH PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 2455 TAMARACK TR BLOOMINGTON, IN 47408
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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: 09/26/16</p> <p>Facility Number: 000156 Provider Number: 155253 AIM Number: NA</p> <p>At this Life Safety Code survey, Meadowood Health Pavilion was found not in compliance with Requirements for Participation in Medicare, 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 corridor and in all areas open to the corridor, plus battery powered smoke alarms in all resident sleeping rooms. The facility has a capacity of 66 and had a census of 38 at the time of this survey.</p>	K 0000		

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 0050 SS=C Bldg. 01	<p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/28/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 3 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 09/26/16 at 11:50 a.m. with the Maintenance Director present, the following was noted:</p>	K 0050	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective October 26th, 2016 to the Life Safety Code Survey conducted on September 26th, 2016. We respectfully request a paper review. We will provide you	10/26/2016

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	<p>a. Three of four first shift (day) fire drills were performed between 2:15 p.m. and 2:30 p.m.</p> <p>b. Three of four, second shift (evening) fire drills were performed between 9:00 p.m. and 9:40 p.m.</p> <p>c. Three of four, third shift (night) fire drills were performed between 5:45 a.m. and 6:45 a.m.</p> <p>During an interview at the time of record review, the Maintenance Director acknowledged the times the first, second, and third shift fire drills were performed and agreed the times were not varied enough.</p> <p>3-1.19(b)</p>		<p>with any additional information to confirm compliance per your request.</p> <p>K 050-</p> <p>It is the practice of this facility to assure that fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.</p> <p>The Maintenance Director was given a teachable moment on varying shifts and times of fire drills.</p> <p>A Fire drill was conducted for each shift at unexpected times.</p> <p>Other residents that have the potential to be affected have been identified by:</p> <p>Residents had the potential to be effected, but none were identified.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</p> <p>An in-service has been conducted with all maintenance and security staff regarding varying fire drill times and shifts.</p> <p>A Calendar has been established to vary fire drills times and shifts.</p> <p>The corrective action taken to</p>	

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K 0052 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, Based on observation and interview, the facility failed to ensure 2 of 63 smoke detectors were not installed where air flow could adversely affect their operation. Section 9.6.1.4 requires fire	K 0052	monitor performance to assure compliance through quality assurance is: A Performance Improvement Tool has been initiated that randomly observes Fire Drills monthly for varying times and shifts. The Administrator, or designee, will complete this tool weekly x3, monthly x3, and quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations for new interventions or training as needed based on the outcome of the PI tool. The date the systemic changes will be completed: October 26th, 2016 F 052- It is the practice of this facility to assure that smoke detectors are installed where air flow cannot adversely affect their operation.	10/26/2016	

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	<p>alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect residents, as well as staff and visitors while entering and exiting the Health Pavilion and outside the Activity Room.</p> <p>Findings include:</p> <p>Based on observations on 09/26/16 between 12:00 p.m. and 1:30 p.m. during a tour of the facility with the Maintenance Director, there was a ceiling mounted smoke detector within one foot of an air supply vent in the Health Pavilion entrance corridor, furthermore, there was a ceiling mounted smoke detector within one foot of an air return vent in the corridor outside the Activity Room. This was acknowledged by the Maintenance Director at the time of each observation.</p> <p>3-1.19(b)</p>		<p>The correction action taken for those residents found to be affected by the deficient practice include:</p> <p>Smoke Detector at Health Pavilion entrance was re-located according to code by Shields Sexton.</p> <p>Smoke Detector outside Activities Room was re-located according to code by Shields Sexton.</p> <p>Other residents that have the potential to be affected have been identified by:</p> <p>Residents had the potential to be effected, but none were identified. Administrator and Executive Director conducted an audit of all Smoke Detectors and those found to be effected were relocated by Shields Sexton.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</p> <p>Maintenance Staff has been in-serviced on placement of smoke detectors according to Life Safety Code.</p> <p>The corrective action taken to monitor performance to assure compliance through quality assurance is:</p>	

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K 0053 SS=F Bldg. 01	<p>NFPA 101, 483.70(a)(7) LIFE SAFETY CODE STANDARD In an existing nursing home, not fully sprinklered, the resident sleeping rooms and public areas (dining rooms, activity rooms, resident meeting rooms, etc) are to be equipped with single station battery-operated smoke detectors. There will be a testing, maintenance and battery replacement program to ensure proper operation. 42 CFR 483.70(a)(7)</p> <p>Based on record review, interview and observation; the facility failed to ensure the proper maintenance of 47 of 47 battery operated smoke alarms in resident rooms to ensure the smoke alarms are continually operable. NFPA 101 in</p>	K 0053	<p>A Performance Improvement Tool has been initiated that randomly observes 5 smoke detectors for proper location. The Maintenance Director or designee, will complete this tool weekly x3, monthly x3, then quarterly x3. Any issues with smoke detectors will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools.</p> <p><i>The date the systemic changes will be completed:</i></p> <p>October 26th, 2016</p> <p>F 053-</p> <p>It is the practice of this facility to assure proper maintenance of battery operated smoke alarms in resident rooms to ensure the smoke alarms are continually operable.</p>	10/26/2016

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	<p>4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice could all residents, as well as staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the "Periodic change of batteries for Health Care battery Smoke Detectors" on 09/26/16 at 12:30 p.m. with the Maintenance Director present, all 47 resident sleeping rooms have battery powered smoke alarms. There was documentation available to show the battery operated smoke alarms were inspected/tested, however, they were only inspected/tested quarterly and not monthly as required. This was confirmed by the Maintenance Director at the time of record review. Based on observations between 12:05 p.m. and 1:30 p.m. it was confirmed all resident rooms were provided with battery powered smoke alarms.</p> <p>3.1-19(b)</p>		<p>The correction action taken for those residents found to be affected by the deficient practice include:</p> <p>Maintenance Director was given a teachable moment regarding monthly inspection of battery operated smoke alarms.</p> <p>Other residents that have the potential to be affected have been identified by:</p> <p>Residents had the potential to be effected. Battery operated smoke alarms were audited and were operable and in good repair.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</p> <p>Maintenance Staff were in-serviced on Monthly Inspection of battery operated smoke alarms.</p> <p>Monthly Smoke Detector Check Form initiated.</p> <p>The corrective action taken to monitor performance to assure compliance through quality assurance is:</p> <p>A Performance Improvement Tool has been initiated that randomly reviews 5 battery operated smoke alarms for good repair and</p>		

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			<p>operation and that inspections are conducted monthly on any smoke alarms in resident rooms. The Administrator, or designee, will complete this tool weekly x3, monthly x3, and quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tool at the scheduled meetings with recommendations for additional interventions as needed based on review of the outcomes of the PI tool.</p> <p><i>The date the systemic changes will be completed:</i></p> <p>October 26th, 2016</p>	