

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155258	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/23/2012
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NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/23/12</p> <p>Facility Number: 000160 Provider Number: 155258 AIM Number: 100267190</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Countryside Manor Health &amp; Living Community 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,</p>	K0000	<p>Ms. Kim Rhoades</p> <p>Indiana State Department of Health</p> <p>Long Term Care Division</p> <p>2 N. Meridian St.</p> <p>Indianapolis, IN 46204-3006</p> <p>August 6, 2012</p> <p>Dear Ms. Rhoades:</p> <p>Please find enclosed the Plan of Correction to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey conducted on July 23, 2012. This letter is to inform you that the plan of correction attached is to serve as Countryside Manor Health &amp; Living Community's credible allegation of compliance. We allege compliance on August 6, 2012. We are requesting a desk review for this plan of correction.</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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	<p>and battery powered smoke detectors in all resident rooms. The facility has a capacity of 109 and had a census of 93 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has a shed which houses the generator and a garage for facility storage and both were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>		<p>If you have any further questions, please do not hesitate to contact me at (765)649-4558.</p> <p>Sincerely,</p> <p>Stephanie Ingram, H.F.A.</p> <p>Administrator</p> <p>This plan of correction is to serve as Countryside Manor Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Countryside Manor Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>	

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K0038 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 7 of 8 exit doors with electromagnetic locks remained unlocked until the fire alarm system was reset. LSC 19.2.1 requires every aisle, passageway, corridor, exit discharge, exit location, and access to be in accordance with Chapter 7. LSC 7.2.1.6(a) requires doors with special locking arrangements such as electromagnetic locks to unlock upon actuation of an approved fire alarm system installed in accordance with LSC 9.6. LSC 9.6.1.4 requires a fire alarm system to be installed, tested and maintained in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 3-9.7.2 requires all emergency exits connected to the fire alarm system unlock upon receipt of any fire alarm signal by the fire alarm system serving the protected premises. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 07/23/12 at 2:10 p.m. during a fire alarm test with the Maintenance Supervisor, the electromagnetic locks on 200 hall north,</p>	K0038	<p>K038 1. The facility fire alarm system was repaired by outside vendor (please see attached), so that all exit doors that are equipped with electromagnetic locks remain unlocked until the entire system is re-set. 2. The facility fire alarm system will remain so that all exit doors that are equipped with electromagnetic locks remain unlocked until the entire system is re-set. All doors were checked by outside vendor (please see attached) and are in working order. 3. The systemic change will be that the facility fire alarm system was repaired and will continue to be checked by the outside vendor every six months. The facility fire alarm system will be checked monthly with each fire drill to verify that all electromagnetic locks remain unlocked until the entire system is re-set. 4. The fire alarm system will be audited via the monthly facility fire alarm drill sheets. This audit will occur each month. Results of this audit will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. 5. Systemic changes will be completed by August 6, 2012.</p>	08/06/2012			

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	<p>south and east, 300 hall north, south and west and south hall exits released upon activation of the fire alarm system, but when the fire alarm was silenced, but not reset all the electromagnetic locks relocked except for the front entrance. Based on interview on 07/23/12 at 2:20 p.m., it was acknowledged by the Maintenance Supervisor the aforementioned exit doors equipped with electromagnetic locks unlocked when the fire alarm system was activated, but relocked when the fire alarm system was silenced, but not reset..</p> <p>3.1-19(b)</p>			

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K0143 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observations and interview, the facility failed to ensure 2 of 2 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation which could not be turned off. This deficient practice could affect 93 residents as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on observation on 07/23/12 during the tour between 1:46 p.m. to 2:20 p.m. with the Maintenance Supervisor, the oxygen storage rooms on 200 north and 300 north halls used to store and transfer oxygen were provided with electrically powered mechanical ventilation, but it</p>	K0143	<p>K143 1. The electrically powered mechanical vent was repaired to exhaust at all times; not to be connected with the light switch. 2. The electrically powered mechanical vent was checked for two of two oxygen storage rooms and both will remain so that the mechanical vents will exhaust at all times. 3. The systemic change includes that the electrically powered mechanical vent was repaired. This will be added to the monthly quality assurance program to check monthly to ensure that the electrically powered mechanical vent continues to exhaust at all times. 4. The maintenance director will audit by observation once per month to ensure that the electrically powered mechanical vent continues to exhaust at all times. Results of these audits will</p>	08/06/2012

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	<p>only worked when the light switch was on. Based on interview on 07/23/12 concurrent with the observations, it was acknowledged by the the Maintenance Supervisor the aforementioned rooms were used to transfer oxygen and the electrically powered mechanical vent would only exhaust if the light switch was on.</p> <p>3.1-19(b)</p>		<p>be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. 5. Systemic changes will be completed by August 6, 2012.</p>				