

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 10/02/2012
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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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(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
K0000	<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: 10/02/12</p> <p>Facility Number: 012305 Provider Number: 155779 AIM Number: 200987990</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</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 facility consists of two separate one story buildings consisting of the Main Campus building and the Legacy building. Each building is Type V (111) construction and fully sprinklered and has a fire alarm system with smoke detection in the corridors and in all areas open to</p>	K0000	<p>Prairie Lakes Health Campus submits this plan of correction in response to the allegations of noncompliance cited during the Life Safety Code Survey conducted on October 2, 2012. Please accept this plan of correction as the providers letter of credible allegation of compliance effective October 27, 2012.</p>	

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>the corridor. Each building has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 130 and had a census of 85 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/04/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0038 SS=E	<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. 18.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 exit door electromagnetic locks remained unlocked while the fire alarm was activated. LSC 18.2.1 requires every aisle, passageway, corridor, exit discharge, exit location, and access to be in accordance with Chapter 7. LSC 7.2.1.6.2(e) states activation of the building automatic sprinkler or fire detection system, if provided, automatically unlocks the doors and the doors remain unlocked until the fire protective signaling system has been manually reset. This deficient practice could affect twelve residents, staff and visitors needing to exit the Main Campus building by the exit near Room 216.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations during a tour of the facility from 12:30 p.m. to 3:10 p.m. on 10/02/12, the electromagnetic lock on the Main Campus building exit door by Room 216 did not release and remain unlocked when the fire alarm was activated at 1:50 p.m. and at 1:52 p.m. Each time the fire alarm was activated at 1:50 p.m. and at 1:52 p.m., the</p>	K0038	<p>K038It is the practice of this provider to ensure that exit access is arranged so that exits are readily accessible at all times; however in response to the 2567 findings, the following measures and corrective actions have been taken:Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice: The doors are wired into the fire detection system to automatically release if the system was activated to remain unlocked until the fire protection signaling system is manually reset.During previous inspections and monthly fire drill testing, the doors have worked as designed and released with the activation of the fire alarm.The providers vendor was immediately contacted and informed of the malfunction and service was scheduled. The vendors analysis detected a faulty circuit board which did not allow the electromagnetic locks to relaease. The circuit board was replaced and the system was returned to proper functioning status.Identification of other residents having the potential to be affected by the same alleged deficient practice and the corrective actions implemented:All residents</p>	10/27/2012	

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	<p>electromagnetic lock on the exit door by Room 216 did not release until the fire alarm system was silenced. Based on interview at the time of the observations, the Director of Plant Operations acknowledged the electromagnetic lock on the exit door by Room 216 did not release when the fire alarm system was activated at the aforementioned times and only released after the fire alarm system was silenced.</p> <p>3.1-19(b)</p>		<p>residing on the 200 hall have the potential to be affected by the alleged deficient practice.Measures implemented and systemic changes made to ensure that the alleged deficient practice does not recur:The fire drill report sheet has been modified to include inspection of the electromagnetic locks to insure proper release with activation of alarm. Each time that the fire alarms are activated during a drill the electromagnetic locks will be inspected and results will be documented, any malfunctioning of the system will immediately be reported to the Executive Director and the Director of Plant Operations.How the corrective action will be monitored to ensure the alleged deficient practice will not recur:Director of Plant Operations will conduct monthly fire drills and system inspections.Results of the fire drills and system inspections will be reported to the Governing Quality Assurance committee monthly for six months.</p>	