

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155503	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  EXCEPTIONAL LIVING CENTER OF BRAZIL	STREET ADDRESS, CITY, STATE, ZIP CODE 501 S MURPHY AVE BRAZIL, IN 47834
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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: 06/08/15</p> <p>Facility Number: 000514 Provider Number: 155503 AIM Number: 100266800</p> <p>At this Life Safety Code survey, Exceptional Living Center of Brazil 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 105</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 0017 SS=E Bldg. 01	<p>and had a census of 88 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one detached garage used as a maintenance shop and one small wood shed used for facility storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 2 of 5 open use areas were separated from the corridor by walls constructed with at least a thirty minute fire resistance rating extending from the floor to the roof/floor above or met an Exception. LSC 19.3.6.1, Exception #1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system</p>	K 0017	<p>This plan of correction constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law.</p>	06/19/2015	

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	<p>shall be permitted to have spaces unlimited in size open to the corridor, provided the following criteria are met:</p> <p>(a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, or the smoke compartment in which the space is located is protected throughout by quick response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect any number of residents, as well as staff and visitors while around the front entrance area.</p> <p>Findings include:</p> <p>Based on observation on 06/08/15 at 12:00 p.m. during a tour of the facility with the Plant Operations Director, the Front Reception area and the Coat Room/Computer Room were open to the corridor. Exception #1 requirement (c) of LSC 19.3.6.1 was not met as follows: The Front Reception area and the Coat</p>		<p>Plan of Compliance is effective June 19, 2015</p> <p><b>K017 NFPA 101Life Safety Code Standard - Facility to ensure that the spaces open to a corridor are protected by an electrically supervised automatic smoke detection system.</b></p> <p>1. The Maintenance Supervisor/Designee contacted contracted vendor (SafeCare Electronics) to inform of alleged deficiency and requested placement 2 hardwire smoke detectors for the Front Reception area and Coatroom/Computer Room. Completed on 06/18/2015. (See attachment A and B). Maintenance Supervisor/Designee will request that facility contracted vendor inspects all areas open to corridors on a quarterly/prn basis to ensure that the facility meets all state and federal guidelines pertaining to placement of electrically supervised automatic smoke detection system.</p> <p>2. Residents, staff and visitors that would be present within this area smoke compartment could be affected by the alleged deficiency. The Maintenance Director/Designee.</p> <p>3. Residents, staff and visitors that would be present within this area smoke compartment could be affected by the alleged deficiency. The Maintenance Director/Designee.</p>				

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K 0045 SS=E Bldg. 01	<p>Room/Computer Room were not protected by an electrically supervised automatic smoke detection system, or the entire spaces were not arranged and located to allow direct supervision by the facility staff from the nurses' station or similar staffed space. This was acknowledged by the Plant Operations Director at the time of observation.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>Based on observation and interview, the facility failed to ensure the lighting for 1 of 8 exit means of egress were arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect any number of residents, as well as staff and visitors while exiting from the Physical Therapy/Laundry west exit door.</p> <p>Findings include:</p> <p>Based on observation on 06/08/15 at 1:20 p.m. during a tour of the facility with the Plant Operations Director, the exit means of egress outside the Physical</p>	K 0045	<p>4. The Maintenance Supervisor/designee will provide written documentation from facility contracted provider to be reviewed at the facility Quarterly Q.A. meeting to ensure compliance with state and federal guidelines.</p> <p>5. Date of compliance 06/19/2015</p> <p>-</p> <p><b><u>K045 NFPA 101 Life Safety Code Standard- Facility to ensure illumination of all facility exits means of egress are arranged so the failure of any single lighting fixture (bulb) will not leave the area in darkness.</u></b> 1. The Maintenance Supervisor/Designee contacted contracted vendor immediately (SafeCare Electronics) to inform of alleged deficiency and requested placement of the installation of a single light fixture (bulb) to be installed and connected to the facility Emergency Generator system . Completed on 06/16/2015. (See attachment C and D).</p>	06/19/2015

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K 0062 SS=F Bldg. 01	<p>Therapy/Laundry west exit door was not equipped with any light fixtures. In the event residents had to exit this area at night there would be no light source outside to a public way. This was acknowledged by the Plant Operations Director at the time of observation.</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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler system's gauges were</p>	K 0062	<p>Maintenance Supervisor/Designee will inspect all required facility exit means of egress lighting fixtures (bulbs) weekly through the facility Preventative Maintenance Program. (See attachment E). 2. Any number of Residents, staff and visitors could be affected by the alleged deficiency while exiting from the Physical Therapy/Laundry west exit door. 3. Any number of Residents, staff and visitors could be affected by the alleged deficiency while exiting from the Physical Therapy/Laundry west exit door. 4. The Maintenance Supervisor/designee will provide written documentation of inspection for all required facility exit means of egress lighting fixtures (bulbs) weekly to the Executive Director. (See attachment E). The Preventative Maintenance Program form will be presented and reviewed at the facility Monthly Q.A. meeting to ensure compliance for alleged deficiency. 5. Date of compliance 06/19/2015</p> <p><b><u>K062 NFPA 101 Life Safety Code Standard- Facility to ensure that required sprinkler</u></b></p>	06/19/2015	

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	<p>replaced or recalibrated within the past 5 years. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-3.2 requires gauges to be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 06/08/15 at 12:50 p.m. during a tour of the facility with the Plant Operations Director, it was determined the pressure gauges on the sprinkler system riser had not been replaced since 07/29/09. Based on record review between 10:00 a.m. and 12:00 p.m. there was no documentation to show the sprinkler system gauges had been replaced or recalibrated. During an interview at the time of record review and observation, the Plant Operations Director acknowledged the the pressure gauges of the sprinkler system riser had not been replaced since 07/29/09.</p> <p>3.1-19(b)</p>		<p><b>systems are continuously maintained in reliable operating condition and are inspected and tested periodically.</b> 1. The Maintenance Supervisor/Designee contacted contracted provider immediately (SafeCare Electronics) to inform of alleged deficiency and requested inspection and replacement of facility's sprinkler system's pressure gauges on the sprinkler system riser. Inspection and replacement of the pressure gauges on the sprinkler system riser was completed on 06/12/2015. (See attachment F and G ). The facility Maintenance Supervisor/Designee will request facility's contracted provider to inspect and provide written documentation of inspection of the pressure gauges on the sprinkler system riser on a quarterly/prn basis to meet the alleged deficiency standards. 2. All Residents, staff and visitors could be affected by the alleged deficiency. 3. All Residents, staff and visitors could be affected by the alleged deficiency. 4. The Maintenance Supervisor/designee will provide written documentation of inspection through the monthly Preventative Maintenance Program for the pressure gauges on the sprinkler riser to the Executive Director .(See attachment E). The Preventative Maintenance Program form will</p>				

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			be presented and reviewed at the facility Monthly Q.A. meeting to ensure compliance for alleged deficiency standards. 5. Date of compliance 06/19/2015		