

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155688	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/17/2013
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NAME OF PROVIDER OR SUPPLIER  FREELANDVILLE COMMUNITY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 310 W CARLISLE ST FREELANDVILLE, IN 47535
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K010000	<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: 12/17/13</p> <p>Facility Number: 000355 Provider Number: 155688 AIM Number: 100273640</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Freelandville Community Home was found in substantial 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 original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement 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</p>	K010000	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 to the Life Safety Code Recertification Survey conducted on December 17, 2013.	

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>corridors, in spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 30 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, All areas providing facility services were sprinklered, except, a detached garage and two detached wood sheds, all used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/19/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to provide a battery powered emergency light where 1 of 1 emergency generators was located. LSC 7.9.2.3 refers to NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 5-3.1 requires generator sets in Level 1 and 2 EPS locations shall be provided with battery powered emergency lighting. 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 12/17/13 at 11:30 a.m. during a tour of the facility with the Maintenance Supervisor, there was no battery powered emergency light located around where the emergency generator was located. There were two double bulb light sets in the area connected to the main power supply system and also connected to the emergency generator, but not provided with battery back up power. This was acknowledged by the Maintenance Supervisor at the time of observation.</p>	K010144	<p>It is the practice of Freelandville Community Home to assure that the generator is checked in accordance with the regulatory guidelines and has a battery powered emergency light where emergency generators are located. The correction action taken for those residents found to be affected by the deficient practice include: There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. Other residents, as well as staff and visitors that have the potential to be affected have been identified by: Potentially all residents, as well as staff and visitors could be effected. Please refer to systems implemented to assure compliance with this tag. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include: A batter powered emergency light will be installed in a location where the emergency generators are located. Maintenance Supervisor will be inserviced on the battery powered emergency light. The corrective action taken to monitor the performance of the battery powered emergency light to</p>	12/31/2013

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	3.1-19(b)		assure compliance through quality assurance is:The newly installed battery powered emergency light will be monitored as part of the preventive maintenance plan on a monthly basis. The Maintenance Director, or designee, will be responsible for assuring that the newly installed battery powered emergency light is routinely checked and operational. The date the systemic changes will be completed is December 31, 2013.		

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K020000	<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: 12/17/13</p> <p>Facility Number: 000355 Provider Number: 155688 AIM Number: 100273640</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Freelandville Community Home was found in substantial 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 2008 addition consisting of the Ambulance Bay was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story addition was determined to be of Type V (111) construction and was fully sprinklered. This addition is connected to the facility's fire alarm</p>	K020000	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 to the Life Safety Code Recertification Survey conducted on December 17, 2013.		

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	<p>system with smoke detectors in the Ambulance Bay. The facility has a capacity of 50 and had a census of 30 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, a detached garage and two detached wood sheds, all used for facility storage.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K020144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to provide a battery powered emergency light where 1 of 1 emergency generators was located. LSC 7.9.2.3 refers to NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 5-3.1 requires generator sets in Level 1 and 2 EPS locations shall be provided with battery powered emergency lighting. 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 12/17/13 at 11:30 a.m. during a tour of the facility with the Maintenance Supervisor, there was no battery powered emergency light located around where the emergency generator was located. There were two double bulb light sets in the area connected to the main power supply system and also connected to the emergency generator, but not provided with battery back up power. This was acknowledged by the Maintenance Supervisor at the time of observation.</p>	K020144	<p>It is the practice of Freelandville Community Home to assure that the generator is checked in accordance with the regulatory guidelines and has a battery powered emergency light where emergency generators are located. The correction action taken for those residents found to be affected by the deficient practice include: There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. Other residents, as well as staff and visitors that have the potential to be affected have been identified by: Potentially all residents, as well as staff and visitors could be effected. Please refer to systems implemented to assure compliance with this tag. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include: A batter powered emergency light will be installed in a location where the emergency generators are located. Maintenance Supervisor will be inserviced on the battery powered emergency light. The corrective action taken to monitor the performance of the battery powered emergency light to</p>	12/31/2013			

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	3.1-19(b)		assure compliance through quality assurance is:The newly installed battery powered emergency light will be monitored as part of the preventive maintenance plan on a monthly basis. The Maintenance Director, or designee, will be responsible for assuring that the newly installed battery powered emergency light is routinely checked and operational. The date the systemic changes will be completed is December 31, 2013.		