

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155795	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2014
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NAME OF PROVIDER OR SUPPLIER AVALON SPRINGS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SILHAVY ROAD VALPARAISO, IN 46383
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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
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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: 07/30/14</p> <p>Facility Number: 012766 Provider Number: 155795 AIM Number: 201051640</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Avalon Springs Health Campus 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), Chapter 18, New 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 automatic smoke detection in the corridors, in spaces open to the corridors and in all resident</p>	K010000	<p>This plan of correction is submitted by Avalon Springs Health Campus in order to respond to the alleged deficiencies sited during the Life Safety Code survey which was conducted on July 30, 2014. Preparation or execution of this plan of correction does not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the position of Federal and State law. Please accept this plan of correction as the provider's credible allegation of compliance effective August 29, 2014. Considering the volume, scope, and severity of the alleged deficient practice noted in the CMS-2567, Avalon Springs Health Campus respectfully requests a desk review for this survey. If approved, we would be willing to provide all documentation requested including, but not limited to: education records, policies and procedures, checklists, and forms that have been completed, revised, or implemented as part of 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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K010050 SS=C	<p>sleeping rooms. The Health Campus building has five wings: the 100, 200 and 300 wings which are certified and the 400 and 500 wings which are licensed residential. The facility has a certified capacity of 61 and had a certified census of 61 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 08/07/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p>			

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	<p>Based on record review and interview, the facility failed to ensure 6 of 8 fire drills were conducted under varied conditions. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 07/30/14 at 9:55 a.m. with the Director of Plant Operations, three of four first shift fire drills conducted over the past four quarters were conducted between 9:00 a.m. and 10:00 a.m. and three of four third shift fire drills conducted over the past four quarters were conducted between 11:30 p.m. and 12:30 a.m.</p> <p>Based on interview at the time of record review, the Director of Plant Operations acknowledged the aforementioned fire drills were not held at unexpected times under varying conditions.</p> <p>3.1-19(b) 3.1-51(c)</p>	K010050	<p>1. Unable to correct prior fire drill dates and times. Fire drills will be completed under unexpected times under varying conditions as per regulations going forward. 2. All residents have the potential be affected by same deficient practice. Fire drill times and dates are being changed to ensure they are being completed under unexpected times under varying conditions as per regulations going forward. 3. Executive Director/designee will inservice Maintenance staff on ensuring fire drills are being changed to be completed under unexpected times under varying conditions as per regulations. Maintenance/Designee will complete fire drill form monthly showing time and dates of fire drills. These will be given to Executive Director/Designee monthly to review and verify the drills are being completed under unexpected times under varying conditions as per regulations. 4. Fire Drill forms to be reviewed in QAA monthly for 6 months and then quarterly thereafter until 100% compliance is achieved. QAA will make recommendations and changes as appropriate. 5. Date of compliance 8.29.14</p>	08/29/2014			