STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155041	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWEST MANOR HEALTH CARE CENTER	6440 W 34TH ST INDIANAPOLIS, IN 46224

(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
K010000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/04/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 04/21/14 Facility Number: 000015 Provider Number: 155041 AIM Number: 100273750 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Northwest Manor Health Care Center 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 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type III (200) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 126 and had a census of 115 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has one	K010000	Preparation and/or execution ofthis plan of correction does not constitute admission or agreement by theprovider of the truth of the facts alleged or conclusions set forth in thestatement of deficiencies. The plan ofcorrection is prepared and/or executed because it is required by the provisionsof federal and state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER NORTHWEST MANOR HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6440 W 34TH ST INDIANAPOLIS, IN 46224	

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	detached building providing laundry services which was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/24/14. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010067 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Based on record review and interview, the facility failed to ensure all fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents, staff and visitors. Findings include: Based on review of Comfort Systems USA	K010067	K067 I) 1) The fire damperlocations will be itemized by May 21, 2014. 2) The return air system installation for resident rooms andsupport rooms will have the fusible links removed every 4 years beginning in2018. II) 1) The fire damper locations will be itemized byMay 21, 2014. 2) The return air system installation for resident rooms andsupport rooms will have the fusible links removed every 4 years beginning in2018. III) (1/2) Accu Tempbegan corrective repairs 1/31/14. IV) (1/2) Accu Tempwill continue to provide preventative maintenance to	05/21/2014

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	"Job Status" documentation dated 09/05/12 during record review with the Administrator at 1:40 p.m. on 04/21/14, documentation of an itemized listing of each fire damper location and the results of the test within the last four years was not available for review. Based on interview at the time of record review, the Administrator stated Comfort Systems USA recently completed a check for fire dampers in the facility and a documented report had not yet been prepared but would be forthcoming. Based on telephone interview with the Mechanical Design Project Manager for Comfort Systems USA at 1:45 p.m. on 04/21/14, facility fire damper inspection and maintenance had yet to be performed and acknowledged an itemized listing of fire damper locations and the results of testing was not available for review. This deficiency was cited on 03/04/14. The facility failed to implement a systematic plan of correction to prevent recurrence. 3.1-19(b)		the heating, ventilationand air conditioning ductwork and related equipment quarterly. Maintenance and/or designee tomonitor. QAPI committee to review andgive direction as appropriate.	