

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15E667</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>LYNHURST HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5225 W MORRIS ST INDIANAPOLIS, IN 46241</b>	
(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
K 000	<p>INITIAL COMMENTS</p> <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: 07/15/15</p> <p>Facility Number: 000385 Provider Number: 15E667 AIM Number: 100291340</p> <p>At this Life Safety Code survey, Lynhurst Healthcare was found not in compliance with Requirements for Participation in 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 facility, constructed in two sections is fully sprinklered. The oldest section, a former two story private residence with a basement and the newer section, a one story addition were both determined to be of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 40 and had a census of 37 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility services which are the laundry building and a metal storage shed which were each not sprinklered.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/31/2015

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 046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 battery powered emergency lights was maintained in accordance with LSC 7.9. LSC 7.9.2.4 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager during a tour of the facility from 10:35 a.m. to 11:30 a.m. on 07/15/15, the battery operated emergency light located at the emergency generator location failed to illuminate when its respective test button was pressed five times. Based on interview at the time of observation, the Maintenance Manager acknowledged the aforementioned battery operated emergency light failed to illuminate.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 8 of 8 battery powered lights for the most</p>	K 046		8/14/15	

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K 046	<p>Continued From page 2</p> <p>recent 12 month period. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals for not less than 30 seconds and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ -hr duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Manager from 9:20 a.m. to 10:35 a.m. on 07/15/15, documentation of annual testing for not less than 1 ½ -hr duration for facility battery powered emergency lights for the most recent twelve month period was not available for review. In addition, monthly functional testing documentation for battery powered emergency lights for the six month period of January 2015 through June 2015 was not available for review. Based on observations with the Maintenance Manager during a tour of the facility from 10:35 a.m. to 11:30 a.m. on 07/15/15, a total of eight battery powered emergency lights were noted in the facility and each battery powered emergency light operated when its respective test button was depressed except for the light located at the emergency generator location. Based on interview at the time of record review, the Maintenance Manager acknowledged documentation of annual testing for not less than 1 ½ -hr duration for the most recent twelve month period and monthly functional testing</p>	K 046			

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K 046	Continued From page 3 documentation for battery powered emergency lights for the six month period of January 2015 through June 2015 was not available for review.	K 046			
K 069 SS=D	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: 1. Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect three staff and visitors in the kitchen.	K 069		8/14/15	

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K 069	<p>Continued From page 4</p> <p>Findings include:</p> <p>Based on review of Koorsen Environmental Services "Kitchen Exhaust Cleaning Work Order" documentation dated 02/12/14 and 02/04/15 with the Maintenance Manager during record review from 9:20 a.m. to 10:35 a.m. on 07/15/15, documentation of kitchen exhaust system inspection every six months was not available for review. The aforementioned documentation indicated it had been greater than six months in between the two most recent documented kitchen exhaust system inspections. Based on interview at the time of record review, the Maintenance Manager stated the facility has a kitchen exhaust system inspection contractor perform semiannual kitchen exhaust system inspections but acknowledged documentation of semiannual kitchen exhaust system inspection every six months was not available for review.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 kitchen exhaust system baffles were installed correctly. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 3-2.5 states filters shall be installed at an angle not less than 45 degrees from the horizontal. This deficient practice could affect three staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager during a tour of the facility from 10:35 a.m. to 11:30 a.m. on 07/15/15, one of three baffles in the kitchen range hood are aligned</p>	K 069			

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K 069	Continued From page 5 horizontally in the kitchen range hood exhaust system. Based on interview at the time of observation, the Maintenance Manager acknowledged the middle baffle which is one of three baffles in the kitchen range exhaust hood is aligned horizontally.	K 069			
K 130 SS=F	3.1-19(b) NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: 1. Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program for battery operated smoke detectors installed in 16 of 16 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors.  Findings include:  Based on record review with the Maintenance Manager from 9:20 a.m. to 10:35 a.m. on 07/15/15, documentation of resident sleeping room battery operated smoke detector testing and cleaning was not available for review for the six month period of January 2015 through June 2015. Based on observations with the Maintenance Manager during a tour of the facility from 10:35 a.m. to 11:30 a.m. on 07/15/15, battery operated smoke detectors are installed in	K 130		8/14/15	

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K 130	<p>Continued From page 6</p> <p>each of 16 resident sleeping rooms in the facility. Based on interview at the time of record review and of the observations, the Maintenance Manager stated battery operated smoke detectors are installed in each of 16 resident sleeping rooms in the facility, monthly testing and cleaning of battery operated smoke detectors had been performed for July 2014 through December 2014 as documented on "Battery Operated Smoke Detector Maintenance Log for 2014" and acknowledged documentation of resident sleeping room battery operated smoke detector testing and cleaning was not available for review for the six month period of January 2015 through June 2015.</p> <p>3.1-19(a)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 fuel fired water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3 requires all health facilities to be designed constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager during a tour of the facility from 10:35 a.m. to 11:30 a.m. on 07/15/15, the natural gas fired water heater installed in the Mechanical Room by the dining room identified as Registration #322298 had an expiration date of 04/17/15 listed on the posted Certificate of Inspection documentation from the State of</p>	K 130			

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K 130	Continued From page 7 Indiana. Current Certificate of Inspection documentation from the State of Indiana was not posted at the aforementioned fuel fired water heater location. Based on interview at the time of observation, the Maintenance Manager stated he was unaware of a recent pressure vessel inspection and acknowledged recent pressure vessel inspection documentation and current Certificate of Inspection documentation was not available for review.	K 130			
K 144 SS=C	3.1-19(b) 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.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide adequate emergency task lighting in and around the generator set in accordance with NFPA 101, 2000 Edition, Life Safety Code. Section 19.2.9.1 states emergency lighting shall be provided in accordance with Section 7.9. LSC Section 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power	K 144		8/14/15	

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K 144	Continued From page 8 Systems. NFPA 110 Section 5-3.1 requires the EPS (Emergency Power Supply) equipment location shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, staff and visitors.  Findings include:  Based on observation with the Maintenance Manager during a tour of the facility from 10:35 a.m. to 11:30 a.m. on 07/15/15, the battery operated emergency light located at the emergency generator location failed to illuminate when its respective test button was pressed five times. Based on interview at the time of observation, the Maintenance Manager acknowledged the aforementioned battery operated emergency light failed to illuminate.	K 144			
K 147 SS=E	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.6 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable	K 147		8/14/15	

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K 147	<p>Continued From page 9</p> <p>NFPA standards. NFPA 99, Standard for Health Care Facilities, 1999 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 7-5.2.2.1 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect 25 residents, staff and visitors in the vicinity of Room 14.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager during a tour of the facility from 10:35 a.m. to 11:30 a.m. on 07/15/15, the resident bed and a vacuum pump were plugged into a power strip under the resident bed in the middle of the room in Room 14. Based on interview at the time of observation, the Maintenance Manager acknowledged a power strip was being used as a substitute for fixed wiring at the aforementioned locations.</p> <p>3.1-19(b)</p>	K 147			