

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155331	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2015
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 3405 N CAMPBELL RD VALPARAISO, IN 46385
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K 000 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: 03/18/15</p> <p>Facility Number: 000224 Provider Number: 155331 AIM Number: 100267700</p> <p>Surveyors Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Care Center of Valparaiso 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.</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 hardwired smoke detection in corridors, resident rooms and</p>	K 000	<p>I respectfully request consideration for paper compliance. I have forwarded a signed copy of the first sheet of the 2567 by fax today (3-26-15) to 1-317-233-7322. Please reference the attached 2567 as "Credible Allegation of Compliance" for our Life Safety Code survey conducted on 3-18-15. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws. Please feel free to contact us should you have any questions. Thank you! Amber Janeczko, Executive Director</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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K 062 SS=B Bldg. 01	<p>areas open to the corridor. The facility has the capacity for 110 and had a census of 91 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 two detached mini barns and a garage located used for equipment storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/23/15.</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 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</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 sprinkler heads in the kitchen dishwashing area were free of corrosion and/or foreign materials, such as grime. NFPA 25, 2-2.1.1 requires sprinklers to be free of foreign materials and corrosion. This deficient practice affects 4 or more staff</p>	K 062	<p>K062 SS=B 1. Corrective action accomplished for resident affected by the alleged deficient practice: On 3-25-15, Valley Fire Protection System ordered two wax coated sprinkler heads to replace the two corroded sprinkler heads in the dishwashing area.</p> <p>2. How the facility will identify other residents potentially</p>	04/15/2015

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	<p>and any visitors. The area is inaccessible to residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 03/18/15 at 2:10 p.m., two sprinkler heads in the kitchen dishwashing area were turning green, usually evidence of corrosion and covered with a gray fuzzy grime. The Maintenance Director agreed at the time of observations, the sprinkler heads were not in good condition.</p> <p>3.1-19(b)</p>		<p>affected by the same alleged deficient practice: On 3-19-15, the Maintenance Supervisor conducted a facility wide audit to ensure all sprinkler heads are clean and corrosion free.</p> <p>3. What measures were put into place or systematic changes made to ensure that the alleged deficient practice does not recur: The Maintenance Supervisor or designee will conduct weekly rounds to ensure that all sprinkler heads are clean and corrosion free. The Maintenance Supervisor will add to his weekly facility rounds checklist to ensure the sprinkler heads are in compliance. 4. How corrective actions will be monitored to ensure the alleged deficient practice will nor recur: The Maintenance Supervisor or designee will follow the above audits for 6 months and provide the Executive Director with the results of those audits. The Executive Director will present a report of the findings at the monthly QAQI meeting. Any negative trends will be addressed with an action plan. This criteria for determining that monitoring is no longer necessary will be 90% accuracy. If audits do not meet this criteria, audits shall continue at the same schedule for an additional 6 months. At that time, analysis of data will be done to ensure the deficient practice does not reoccur and/or adapt audit schedules. DATE CERTAIN:</p>		

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

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FORM APPROVED

OMB NO. 0938-0391

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			4-15-15 THIS IS OUR CREDIBLE ALLEGATION		