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 04/06/2015

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
K 000 Bldg. 01	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). Survey Date: 04/06/15 Facility Number: 000015 Provider Number: 155041 AIM Number: 100273750 At this Life Safety Code survey, Northwest Manor Health Care Center was found not in 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	K 000	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 conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by the provisions of 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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	capacity of 126 and had a census of 104 at the time of this survey. The facility has elected to utilize a Categorical Waivers pertaining to clean waste and patient record recycling containers. All areas where residents have customary access were sprinklered. The facility has one detached building providing laundry services which was not sprinklered.			
K 051 SS=F Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 Based on observation and interview, the facility failed to ensure the Digital Alarm Communicator Transmitter (DACT)	K 051	**K051**	04/27/2015

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	telephone dialer(s) for the facility's fire alarm system would send a trouble signal within 4 minutes to a supervisory station and be annunciated locally when disabled. LSC Section 9.6.4 requires supervisor station notification to be in accordance with NFPA 72 National Fire Alarm Code. NFPA 72 at 5-5.3.2.1.6.1 states: A DACT shall employ one of the following combinations of transmission channels: (1) Two telephone lines (numbers) (2) One telephone line (number) and one cellular telephone connection (3) One telephone line (number) and a one-way radio system (4) One telephone line (number) equipped with a derived local channel (5) One telephone line (number) and a one-way private radio alarm system (6) One telephone line (number) and a private microwave radio system (7) One telephone line (number) and a two-way RF multiplex system (8) *A single integrated services digital network (ISDN) telephone line using a terminal adapter specifically listed for supervising station fire alarm service, where the path between the transmitter and the switched telephone network serving central office is monitored for integrity so that the occurrence of an adverse condition in the path shall be		I) The Digital Alarm Communicator Transmitter telephone dialer for the facility's fire alarm system sent a trouble signal less than 5 minutes to a supervisory station and it was annunciated locally during the inspection (see attachment #2). II) The Digital Alarm Communicator Transmitter telephone dialer for the facility's fire alarm system sent a trouble signal less than 5 minutes to a supervisory station and it was annunciated locally during the inspection (see attachment #2). III) SafeCare will clearly document the functions completed on the fire alarm system on their Service Call Report. The Service Call Report schedule will be tracked on the Life Safety Inspections form for 1-year intervals. IV) SafeCare will continue to provide preventative maintenance	

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	annunciated at the supervising station within 200 seconds. NFPA 72 at 5-5.3.2.1.6.2 states the following requirements shall apply to all combinations in 5-5.3.2.1.6.1: (1) Both channels shall be supervised in a manner approved for the means of transmission employed. (2) Both channels shall be tested at intervals not exceeding 24 hours. Exception No. 1: For public cellular telephone service, a verification (test) signal shall be transmitted at least monthly. Exception No. 2: Where two telephone lines (numbers) are used, it shall be permitted to test each telephone line (number) at alternating 24-hour intervals. (3) The failure of either channel shall send a trouble signal on the other channel within 4 minutes. (4) When one transmission channel has failed, all status change signals shall be sent over the other channel. Exception: Where used in combination with a DACT, a derived local channel shall not be required to send status change signals other than those indicating that adverse conditions exist on the telephone line (number). (5) The primary channel shall be capable of delivering an indication to the DACT that the message has been received by the supervising station.		to the fire alarm system annually and as needed. Maintenance and/or designee to monitor. QAPI committee to review and give direction as appropriate.	

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	(6) The first attempt to send a status change signal shall use the primary channel. Exception: Where the primary channel is known to have failed. (7) Simultaneous transmission over both channels shall be permitted. (8) Failure of telephone lines (numbers) or cellular service shall be annunciated locally. This deficient practice affects all residents, staff and visitors in the facility. Findings include: Based on observation with the Maintenance Supervisor during a tour of the facility from 12:40 p.m. to 3:00 p.m. on 04/06/15, when the DACT primary telephone line was disconnected from 2:45 p.m. to 2:54 p.m. the facility's fire alarm system failed to send a trouble signal to a supervisory station and failed to annunciate a trouble signal locally. Based on interview at the time of observation, the Maintenance Supervisor stated the facility's fire alarm system monitoring company did not receive a trouble signal when the DACT primary telephone line was disconnected and acknowledged the fire alarm system failed to annunciate a trouble signal locally.			

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	3.1-19(b)			
K 062 SS=F Bldg. 01	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 Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was clear of blockage once an internal pipe inspection revealed obstruction. NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems at 10-2.3 requires a complete flushing program shall be conducted by qualified personnel. This deficient practice affects all residents, staff and visitors. Findings include: Based on review of SafeCare "Service Call Report" documentation dated 07/16/14 during record review with the Maintenance Supervisor from 9:45 a.m. to 12:10 p.m. on 04/06/15, an internal pipe inspection on 07/16/14 for the facility's dry sprinkler system stated "Performed internal pipe inspection on fire sprinkler systems," "found that 2 1/2 inch cross mains above Room 161, Shower Room, Room 155 and Medical	K 062	**K062** I)The flushing of the automatic sprinkler piping system inspection was completed on 7/16/14. SafeCare sprinkler flush schedule was booked for 2014. The flushing of the automatic sprinkler piping system has been scheduled since December 3, 2014 for May 25, 2015 (see attachment #3). The fire sprinkler system flush cannot occur during the winter months due to freezing temperatures. The entire process will take approximately 2-months. II) The flushing of the automatic sprinkler piping system inspection was completed on 7/16/14. SafeCare sprinkler flush schedule was booked for 2014. The flushing of the automatic sprinkler piping system has been scheduled since December 3, 2014 for May 25, 2015 (see	04/27/2015

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	Records are full of rust and debris. Recommend that system be flushed!" Based on interview at the time of record review, the Maintenance Supervisor stated flushing of the sprinkler system on or after 0/7/16/14 has not been performed. Based on an exit interview at 3:00 p.m., the Administrator provided SafeCare "Purchase Agreement" flushing quote documentation dated 08/21/14 for sprinkler system flushing. In addition, the Administrator provided a letter from SafeCare dated 04/06/15 which stated SafeCare is scheduled to start the flushing of the dry pipe sprinkler system in May 2015. Based on the exit interview, the Administrator stated SafeCare only performs sprinkler system flushing in warmer months usually May through August and acknowledged dry sprinkler system flushing had not been performed on or after 07/16/14. 3.1-19(b)		attachment #3). The fire sprinkler system flush cannot occur during the winter months due to freezing temperatures. The entire process will take approximately 2-months. III) The date the flush of the fire sprinkler system occurs will be tracked on the Life Safety Inspections form for 5-year intervals. IV) Maintenance willmonitor that SafeCare starts the flush of the fire sprinkler system in 2015. SafeCare will continue to provide preventative maintenance to the sprinkler system quarterly and as needed. Administrator to monitor. QAPI committee to review and give direction as appropriate.	