

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155237	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/07/2014
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NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S SHELBY ST INDIANAPOLIS, IN 46227
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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: 05/07/14</p> <p>Facility Number: 000142 Provider Number: 155237 AIM Number: 100266940</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bethany Village Nursing Home 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) and 410 IAC 16.2. Building 0101 was surveyed using Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0101 was determined to be of Type V (000) construction and</p>	K010000		

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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K010056 SS=A	<p>fully sprinklered except for a closet in the Admissions Office. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 100 and had a census of 96 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached storage shed and a closet in the Admissions Office.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/08/14.</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 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with</p>			

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	<p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a sprinkler head was installed in 1 of 2 Admissions Office closets to provide coverage for all portions of the building. This deficient practice could affect two residents, staff and visitors in the vicinity of the Admissions Office.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 10:50 a.m. to 12:45 p.m. on 05/07/14, the closet nearest the corridor door in the Admissions Office was not sprinklered. Based on interview at the time of observation, the Maintenance Director acknowledged the closet nearest the corridor door in the Admissions Office was not provided with a sprinkler head.</p> <p>3.1-19(b) 3.1-19(ff)</p>	K010056	<p>What corrective action(s) will be accomplished for those Residents found to have been affected by this deficient practice? A sprinkler head was installed on 5/8/14 in the Admissions Office closet for sprinkler system complete coverage for all portions of the building. How will you identify other Residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents currently living in the facility, visitors, and staff have the potential to be affected by the alleged deficient practice. A sprinkler head was installed on 5/8/14 in the Admissions Office closet for sprinkler system complete coverage for all portions of the building. A building review was completed on 5/8/14 with no further concerns for sprinkler system identified. What measures will be put into place or what systematic changes will you make to ensure the deficient practice does not recur? When repairs, modifications, or building damages occur in the future, Executive Director/Maintenance</p>	05/20/2014

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K020000	<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: 05/07/14</p> <p>Facility Number: 000142 Provider Number: 155237 AIM Number: 100266940</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p>	K020000	<p>Supervisor will inspect areas to ensure these areas are maintained to provide sprinkler system coverage for all portions of the building. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? A Life Safety CQI will be utilized by Maintenance Supervisor/designee weekly x 4 weeks, monthly x 2, then quarterly until continued compliance is met for 2 consecutive quarters. Results of audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved, then an action plan will be developed to assure compliance.</p>	

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	<p>At this Life Safety Code survey, Bethany Village Nursing Home 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) and 410 IAC 16.2. Building 0202 was surveyed using Chapter 18, New Health Care Occupancies.</p> <p>Building 0202 was constructed in 2012, was determined to be of Type V (111) construction, was fully sprinklered and consisted of the Therapy Room. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 100 and had a census of 96 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached storage shed and a closet in the Admissions Office.</p>						