STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS RETIREMENT CENTER	1901 TAYLOR RD COLUMBUS, IN 47203

(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: 04/14/15 Facility Number: 000543 Provider Number: 155471 AIM Number: NA At this Life Safety Code survey, Four Seasons Retirement Center was found not in compliance with Requirements for Participation in Medicare, 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 V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all resident sleeping rooms. The healthcare portion of the facility has a capacity of 30 and had a census of 16 at the time of this	K 000		

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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	155471		04/14/2015

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	visit.			
K 014 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2 Based on observation and interview, the facility failed to ensure 2 of 6 exitways were provided with an interior finish with a flame spread rating of Class A or Class B. This deficient practice could affect 20 residents who reside on the Medicare Hall who would use the front entrance corridor for an exitway and 22 residents who reside on the South Hall and would use the South Hall corridor for an exitway. Findings include: Based on observations on 04/14/15 during a tour of the facility from 9:05 a.m. to 1:00 p.m. with the director of environmental services, the Front Entrance corridor exit foyer ceiling was covered with a painted wood plywood interior finish and the South Hall attached porch exit walls and ceiling were covered in wood paneling. Based on an interview with the director of environmental services on 04/14/15 at	K 014	Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Plan of Correction for K0014, NFPA 101 Life Safety Code Standard. Corrective Actions Taken. The surfaces in question will be repainted with two coats of fire retardant paint which bears a flame spread rating of A. Paint specifications and the work order are attached as the Exhibit labeled “05012015160908-Exhibit A interior finish.” Measures or Systemic Changes	05/14/2015

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	9:45 a.m., there is no documentation to indicate the flame spread rating of the painted plywood ceiling in the Front Entrance corridor exit foyer or the wood paneling walls and ceiling interior finish located at in the South Hall attached porch exit. This was verified by the director of environmental services at the time of observations and acknowledged by the administrator at the exit conference on 04/14/15 at 1:00 p.m. 3.1-19(b)		to Prevent Recurrence. From this point forward, facility will ensure that appropriate paints are used and facility will maintain records of materials used to paint interior surfaces. Monitoring Corrective Actions to Prevent Recurrence. To monitor these corrective actions and systemic changes, materials used in new construction and renovations will be reviewed at quarterly Quality Assurance and Risk Management meetings to ensure compliance. Completion of Systemic Changes. These actions and changes will be completed and implemented by Thursday, May 14, 2015.	
K 046 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. Based on observation and interview, the facility failed to ensure 1 of 6 exits was provided with emergency powered exterior lighting. This deficient practice could affect 20 residents who reside on the North Hall and would use the North Hall exit during an evacuation. Findings include: Based on observation on 04/14/15 at 11:20 a.m. with the director of environmental services, the North Hall exit discharged onto a sidewalk surface	K 046	Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined	05/14/2015

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	which extended eighty four feet on the north side of the facility to the parking lot. Furthermore, the eighty four foot long sidewalk surface had one double light fixture directly outside the exit door attached to the facility on emergency power but the eighty four foot long sidewalk lacked outside emergency lighting along the path of travel leading to the parking lot. Based on an interview with the director of environmental services on 04/14/15 at 11:45 a.m., it was stated the eighty four foot long sidewalk surface would not be illuminated by the double light fixture at night during a power outage. The lack of addition emergency powered exterior lighting along the eight four foot long sidewalk surface at the North Hall exit was verified by the director of environmental services at the time of observation and interview and acknowledged by the administrator at the exit conference on 04/14/15 at 1:00 p.m. 3.1-19(b)		through paper review. Plan of Correction for K0046, NFPA 101 Life Safety Code Standard. Corrective Actions Taken. The exit walkway in question will be improved with additional emergency powered exterior lighting. The purchase order, specifications, work order, and a map are attached in the Exhibit labeled “05012015161044-Exhibit B emergency lighting.” Measures or Systemic Changes to Prevent Recurrence. From this point forward, facility will ensure that all emergency exit discharges and the associated walkways will be maintained and lighted with emergency powered exterior lighting. Monitoring Corrective Actions to Prevent Recurrence. To monitor these corrective actions and systemic changes, emergency exits and their emergency lighting will be reviewed annually by the Quality Assurance and Risk Management committee to ensure compliance, and these items will be added to the preventative maintenance program. Completion of Systemic Changes. These actions and changes will be completed and implemented by Thursday, May 14, 2015.	
K 062 SS=F Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating			

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	condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5			
	1. Based on observation and interview, the facility failed to ensure 1 of 3 sprinkler gauges was replaced or tested every 5 years. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents. Findings include: Based on observation with the director of environmental services on 04/14/15 at 11:50 a.m., the dry pipe sprinkler system riser, located in the East Hall sprinkler riser room, had one pressure gauge with a date indicating when the gauge was manufactured in 2009. Based on a review of Koorsen Fire & Security Quarterly Inspection Reports from 04/17/2015 to 04/02/2014, which occurred on 04/14/15 at 9:30 a.m. with the director of environmental services, there was no indication the dry pipe sprinkler system pressure gauge was recalibrated or replaced over the past five years. This was verified by the director	K 062	Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Plan of Correction for K0062, NFPA 101 Life Safety Code Standard. Corrective Actions Taken. 1) The dry pipe sprinkler system pressure gauge that was cited will be replaced. In addition, 2) the facility's fire sprinkler head storage cabinet will be stocked with at least two spare sprinklers for each type and temperature rating of sprinkler head used in the facility. Work orders and cabinet inventory documenting the corrective actions have been attached in the Exhibit labeled "05012015161153-Exhibit C sprinkler heads." Measures or Systemic Changes to Prevent Recurrence. From this date forward, facility will ensure	05/14/2015

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	of environmental services at the time of observation of the sprinkler riser and acknowledged by the administrator at the exit conference on 04/14/15 at 1:00 p.m. 3.1-19(b) 2. Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents, staff and visitors if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement for the activity room and therapy room. Findings include: Based on observations on 04/14/15		that 1) all sprinkler system pressure gauges are recalibrated or replaced once every five years, and the documentation is maintained, and 2) that the fire sprinkler head cabinet inventory is maintained and reviewed. A screen shot of the facility's modified equipment preventative maintenance report has also been included in the Exhibit labeled "05012015161153-Exhibit C sprinkler heads." Monitoring Corrective Actions to Prevent Recurrence. To monitor these corrective actions and systemic changes, sprinkler system pressure gauges and the fire sprinkler head cabinet inventory will be reviewed annually by the Quality Assurance and Risk Management committee to ensure compliance, and these items will be added to the preventative maintenance program. Completion of Systemic Changes. These actions and changes will be completed and implemented by Thursday, May 14, 2015.	

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	during the tour of the facility from 9:05 a.m. to 1:00 p.m. with the director of environmental services, red liquid filled quick response pendant sprinklers were observed in the activity room and sidewall sprinklers were observed in the therapy room. Based on observation of the spare sprinkler cabinet located in the East Hall sprinkler riser room on 04/14/15 at 11:50 a.m. with the director of environmental services, there were no red liquid filled quick response pendant sprinklers or sidewall sprinklers in the spare sprinkler cabinet. This was verified by the director of environmental services at the time of observation and acknowledged by the administrator at the exit conference on 04/14/15 at 1:00 p.m. 3.1-19(b)			