

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/16/2016
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NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408
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K 0000 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: 03/16/16</p> <p>Facility Number: 002574 Provider Number: 155677 AIM Number: 201224380</p> <p>At this Life Safety Code survey, Bell Trace Health and Living 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</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 hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 80</p>	K 0000		

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 0029 SS=E Bldg. 01	<p>and had a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except a wooden shed used for maintenance storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on record review, observation and interview; the facility failed to ensure doors to 1 of 9 hazardous areas such as the kitchen were separated from other spaces by smoke resistant partitions and doors. Doors to hazardous areas are self-closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 20 residents, staff and visitors in the vicinity of the Main Dining Room.</p> <p>Findings include:</p>	K 0029	<p>K 029 The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>1. Vendors contacted to route the two rolling fire doors into the firepanel so they will close with activation of the fire alarm system. 2. Vendors to replace doors have been contacted to replace all doors and hardware cited in subsection (a), (b), (c) and the new 45 min. fire rated door for the fuel fired heater room. Vendor measured all doors on</p>	04/15/2016

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	<p>Based on review of Vanguard Alarm Services rolling fire door inspection documentation dated 11/10/15 with the Physical Plant Director and the Maintenance Tech during record review from 9:40 a.m. to 11:25 a.m. on 03/16/16, each of two rolling fire doors in the smoke barrier wall separating the kitchen from the Main Dining Room are equipped with a fusible link but do not close with activation of the fire alarm system. Based on interview at the time of record review, the Physical Plant Director acknowledged each of two rolling fire doors in the kitchen do not close with activation of the fire alarm system. Based on observations with the Physical Plant Director and the Maintenance Tech during a tour of the facility from 11:25 a.m. to 1:45 p.m. on 03/14/16, the following was noted:</p> <p>a. the inactive leaf in the corridor door set to the kitchen from the main entrance lobby did not fully self-close and latch into the door frame when attempted to close five separate times. In addition, the active leaf in the door set did not latch into the inactive leaf or the door frame when attempted to close five separate times.</p> <p>b. the latching mechanism for the north door to the kitchen from the Main Dining Room was "dogged down" and did not allow the door to latch into the door</p>		<p>3/24/16 for replacement. Allcorresponding doors were ordered on 4/1/2016. (copy available)</p> <p>The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>1. In-service has been conducted with the maintenance staff and leadership team on proper operations of the fire doors, hardware devices and fire safety features of the doors.</p> <p>2. The Maintenance Department and/or Corporate Facilities staff will physically inspect the kitchen doors cited to ensure doors close and latch appropriately ensuring the safety of the residents.</p> <p>The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>·Kitchen roll-up doors cited and doors in subsection (a), (b) and (c) will be audited monthly ensuring that proper door functionality is achieved per Life Safety Code regulations. Monthly testing during the required fire drill will be monitored through the TELS electronic maintenance system and documentation will be kept on site in the Life Safety Book.</p> <p>The facility will monitor the</p>	

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K 0000 Bldg. 02	<p>frame. The north door was in the smoke barrier wall separating the kitchen from the Main Dining Room. The door could not be reversed to not be dogged down by the Maintenance Tech.</p> <p>c. each door in the Main Dining Room entry door set from the main entrance lobby swung in the same direction, was held open by a magnetic holding device and was equipped with a door closing coordinator which failed to allow each door in the door set to fully close and latch into the door frame when it was attempted to close five separate times. The kitchen was open to the corridor because the Main Dining Room entry door failed to self-close and latch into the door frame. Based on interview at the time of the observations, the Physical Plant Director and the Maintenance Tech acknowledged the aforementioned hazardous area doors failed to separate the kitchen from other spaces by smoke resistant partitions and doors.</p> <p>3.1-19(b)</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>	K 0000	<p>correctiveaction by implementing the following measures.</p> <ul style="list-style-type: none"> ·Monthly door functionality audits will bereviewed at the facility QAPI meeting which is held monthly to ensure doorfunctionality has been checked by the Maintenance Department or CorporateFacilities staff. ·Results of this audit will be reviewed at themonthly Quality Assurance Committee Meeting. The frequency and duration ofreviews will be adjusted as needed. <p>Plan of Correction completion date</p> <ul style="list-style-type: none"> ·Plan of completion date is April 15, 2016. ·Doors cited kitchen roll-up doors, subsection (a),(b), (c) and the new 45 min. fire rated door for the fuel fired heater room willbe replaced immediately upon arrival at the facility. 	

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	<p>Survey Date: 03/16/16</p> <p>Facility Number: 002574 Provider Number: 155677 AIM Number: 201224380</p> <p>At this Life Safety Code survey, Bell Trace Health and Living 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) and 410 IAC 16.2. The 2008 Physical Therapy addition and the 2010 Rehab Addition at the end of the 100 hall were surveyed with Chapter 18, New Health Care Occupancies.</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 hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 80 and had a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were</p>			
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K 0029 SS=E Bldg. 02	<p>sprinklered, except a wooden shed used for maintenance storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas shall be enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors shall be self-closing or automatic closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, 18.3.5.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 9 doors serving hazardous areas such as fuel fired heater rooms have a 3/4-hour fire protection rating. Doors to hazardous areas are self-closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 14 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Physical Plant Director and the Maintenance Tech during a tour of the facility from 11:25 a.m. to 1:45 p.m. on 03/16/16, the corridor door to the fuel fired heater room in the Rehab Addition had a 20 minute fire resistance rating label affixed to the corridor door. The aforementioned hazardous room contains a sprinkler</p>	K 0029	<p>K 029 The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>1. Vendors contacted to route the two rolling fire doors into the firepanel so they will close with activation of the fire alarm system. 2. Vendors to replace doors have been contacted to replace all doors and hardware cited in subsection (a), (b), (c) and the new 45 min. fire rated door for the fuel fired heater room. Vendor measured all doors on 3/24/16 for replacement. All corresponding doors were ordered on 4/1/2016. (copy available)</p> <p>The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>1. In-service has been conducted</p>	04/15/2016

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	<p>system riser and also contained three natural gas fired instantaneous water heaters. Based on interview at the time of observation, the Physical Plant Director acknowledged the aforementioned hazardous area corridor door did not have a fire resistance rating of at least 45 minutes.</p> <p>3.1-19(b)</p>		<p>with the maintenance staff and leadership team on proper operations of the fire doors, hardware devices and fire safety features of the doors.</p> <p>2. The Maintenance Department and/or Corporate Facilities staff will physically inspect the kitchen doors cited to ensure doors close and latch appropriately ensuring the safety of the residents.</p> <p>The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>·Kitchen roll-up doors cited and doors in subsection (a), (b) and (c) will be audited monthly ensuring that proper door functionality is achieved per Life Safety Code regulations. Monthly testing during the required fire drill will be monitored through the TELS electronic maintenance system and documentation will be kept on site in the Life Safety Book.</p> <p>The facility will monitor the corrective action by implementing the following measures.</p> <p>·Monthly door functionality audits will be reviewed at the facility QAPI meeting which is held monthly to ensure door functionality has been checked by the Maintenance Department or Corporate Facilities staff.</p>	

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			<p>·Results of this audit will be reviewed at the monthly Quality Assurance Committee Meeting. The frequency and duration of reviews will be adjusted as needed.</p> <p>Plan of Correction completion date</p> <p>·Plan of completion date is April 15, 2016.</p> <p>·Doors cited kitchen roll-up doors, subsection (a),(b), (c) and the new 45 min. fire rated door for the fuel fired heater room will be replaced immediately upon arrival at the facility.</p>	