

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/19/2015
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NAME OF PROVIDER OR SUPPLIER  BRIARWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVE INDIANAPOLIS, IN 46205
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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: 02/19/15</p> <p>Facility Number: 009569 Provider Number: 155628 AIM Number: 200139920</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Briarwood Health and Rehabilitation 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.</p> <p>This one story facility was determined to be of Type II (111) 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 smoke</p>	K010000		
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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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K010062 SS=E	<p>detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 113 and had a census of 72 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing storage services which were each not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/25/15.</p> <p>The facility was found not in 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>1. Based on observation and interview, the facility failed to replace 1 of over 100 sprinklers installed in the facility which did not have the proper characteristics for the application intended. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard</p>	K010062	The facility request paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution 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	03/21/2015

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	<p>for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-4.1.1 states replacement sprinklers shall have the proper characteristics for the application intended. These include the following:</p> <ul style="list-style-type: none"> <li>(a) Style</li> <li>(b) Orifice size and K-factor</li> <li>(c) Temperature rating</li> <li>(d) Coating, if any</li> <li>(e) Deflector type (e.g., upright, pendant, sidewall)</li> <li>(f) Design requirements</li> </ul> <p>This deficient practice could affect five staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:40 a.m. to 1:40 p.m. on 02/19/15, a sidewall sprinkler was installed in sprinkler piping in the dietary storage room in the kitchen nearest the outside wall with the deflector aligned perpendicular to the ceiling pointing directly at the floor. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned sidewall sprinkler was not installed for the application intended.</p>		<p>Plan of Correction is prepared and/or executed solely because it is required by the provisions of the Federal and State Law. Incorrect sprinkler head application 1.</p> <ul style="list-style-type: none"> <li>a. No residents were affected by the alleged deficiency.</li> <li>b. The sprinkler head was immediately replaced with a head having the proper deflector and spray pattern.</li> <li>c. To assure that the alleged deficiency does not reoccur all sprinkler head replacements or installations will be outsourced and installed by qualified sprinkler personnel.</li> <li>d. The Administrator/designee will monitor all service tickets/invoices for the sprinkler system. All results will be presented to the Quality Assurance Committee quarterly.</li> <li>e. Date of compliance: 3-21-15</li> </ul> <p>Paint on sprinkler head 2. a. No residents were affected by this alleged deficiency b. The sprinkler head was immediately replaced. c. Maintenance and housekeeping staff were in serviced on regulatory guidelines for sprinkler heads as well as how to spot defects. To assure that this alleged deficiency does not occur again all sprinkler heads will be placed on a monthly cleaning inspection check through our computerized preventative maintenance schedule. e. Date of compliance: 3-21-15</p> <p>Flexible water line affixed to sprinkler pipe 3. a. No residents were affected by this alleged deficiency.</p>	

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	<p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to replace 1 of over 100 sprinklers which had become corroded, had paint, lint or other foreign materials on them. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect five staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:40 a.m. to 1:40 p.m. on 02/19/15, the sidewall sprinkler installed in the dietary storage room in the kitchen nearest the outside wall had white paint on the deflector. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned sprinkler had white paint on the deflector.</p> <p>3.1-19(b)</p>		<p>b. The maintenance supervisor conducted an audit of the entire building. c. The flexible water line was immediately removed from being affixed to the sprinkler pipe and supported independently from the sprinkler system. d. Maintenance supervisor will audit monthly x 6 months and present the result to the Quality Assurance Committee. e. Date of compliance: 3-21-15</p>				

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	<p>3. Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. LSC 9.7.1 states all automatic sprinkler systems shall be maintained in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 states sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect two staff and visitors in the Laundry Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:40 a.m. to 1:40 p.m. on 02/19/15, a flexible water line was affixed to the sprinkler pipe with one cable tie above the entry door to the Laundry Room near Room 404. In addition, the flexible water line was run through one ceiling mounted support bracket for the sprinkler pipe in the Laundry Room. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned sprinkler pipe location was being used to support nonsystem components.</p>			
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K010070 SS=E	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on record review, observation and interview; the facility failed to ensure portable space heaters were not used in health care occupancies. This deficient practice could affect ten residents, staff and visitors in the vicinity of the Housekeeping &amp; Laundry Office near resident sleeping Room 406.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor from 9:20 a.m. to 11:40 a.m. on 02/19/15, a policy regarding portable space heater use in the facility was not available for review.</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:40 a.m. to 1:40 p.m. on 02/19/15, an electric space heater was observed in operation in the Housekeeping &amp; Laundry Office near resident sleeping Room 406. Based on interview at the time of observation, the Maintenance Supervisor acknowledged a</p>	K010070	<p>The facility request paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution 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 solely because it is required by the provisions of the Federal and State Law. 1. The space heater was removed from the area. 2. All residents have the potential to be affected. 3. The maintenance supervisor conducted an audit of the entire building. All supervisors will be inserviced on the "portable heater policy" 4. The maintenance director/designee will audit monthly x 6 months and present results to the Quality assurance Committee. 5. Date of compliance: 3-21-15</p>	03/21/2015

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K010147 SS=E	<p>portable space heater was in use in the Housekeeping &amp; Laundry Office near resident sleeping Room 406.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect ten residents, staff and visitors in the vicinity of the Housekeeping &amp; Laundry Office near resident sleeping Room 406.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:40 a.m. to 1:40 p.m. on 02/19/15, an electric space heater was</p>	K010147	The facility request paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution 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 solely because it is required by the provisions of the Federal and State Law. 1. No residents were affected by this alleged deficiency. 2. The maintenace supervisor conducted an audit of the entire building. The portable space heater in question was immediately removed. 3. To assure that this does not reoccur all supervisors with offices will be inserviced	03/21/2015

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	observed in operation and plugged into a power strip in the Housekeeping & Laundry Office near resident sleeping Room 406. Based on interview at the time of observation, the Maintenance Supervisor acknowledged a power strip was being used as a substitute for fixed wiring at the aforementioned location.  3.1-19(b)		on the portable heater policy as well as our policy on power strips. 4. The maintenance director/designee will audit monthly x 6 months and present results to the Quality Assurance Committee. 5. Date of compliance: 3-21-15		