

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155767	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/08/2014
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NAME OF PROVIDER OR SUPPLIER SPRINGHURST HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 628 N MERIDIAN RD GREENFIELD, IN 46140
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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: 10/08/14</p> <p>Facility Number: 005954 Provider Number: 155767 AIM Number: 201068810</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Springhurst Health Campus was found in substantial compliance with Requirements for Participation 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 18, New Health Care Occupancies and 410 IAC 16.2.</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 smoke detection in the corridors and in all areas open to the corridor. The facility has smoke</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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K010050 SS=C	<p>detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 63 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/16/14.</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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the second shift for 3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in</p>	K010050	<p>This plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility.</p>	11/03/2014			

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K010052 SS=B	<p>the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills: Fire" documentation with the Director of Plant Operations during record review from 9:35 a.m. to 11:50 a.m. on 10/08/14, second shift fire drills conducted on 11/23/13, 02/13/14 and 08/13/14 were each conducted at, respectively, 6:05 p.m., 7:00 p.m. and 6:25 p.m. Based on interview at the time of record review, the Director of Plant Operations acknowledged the aforementioned second shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>		<p>Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice: All fire drills to be scheduled and conducted to comply with the two hour or longer gap in time.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: The scheduling of the second shift fire drills potentially affected all residents in campus. The Director of Plant Operations will audit the fire alarm times to ensure they are conducted a minimum two hours between drills between shifts to assure the safety of all residents, staff and visitors to the facility.</p> <p>Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: The Director of Plant Operations will report through the Quality Assurance meetings on an ongoing basis. The Director of Plant Operations is responsible to maintain compliance of the fire drill process but the Executive Director will ensure overall compliance is maintained.</p>		

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	<p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to document annual functional testing of 1 of 89 fire alarm system smoke detectors. NFPA 72, 7-3.2 refers to fire alarm component testing frequencies in Table 7-3.2 which requires an annual functional test of smoke detector initiating devices. Section 7-5.2 requires a permanent record of all inspections, testing and maintenance shall be provided that includes information requested in Figure 7-5.2.2. This deficient practice could affect 14 residents, staff and visitors in the vicinity of Room 406.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire and Security "Detection Inspection Report" documentation dated 06/04/14 with the Director of Plant Operations during record review from 9:35 a.m. to 11:50 a.m. on 10/08/14, the results of annual functional testing for the smoke detector hard wired to the fire alarm system in Room 406 was listed as "Visual" under "Pass/Fail" and "No access" under the</p>	K010052	<p>This plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice: The Director of Plant Operations and or his designee will check on the fire drill report that communication to the monitoring station was completed ensuring documentation of verification of the signal from now on. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: This affected 1 of 89 smoke detectors inspected. Smoke alarms inspected and tested on 10/16/2014 by Koorsen's and found to be in full operating order. Koorsen's will not skip any smoke detector testing unless Director of Plant Operations notified and rescheduled. The Director of Plant Operations will monitor on a monthly basis and document on the Fire Drill report</p>	11/03/2014

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	"Comments" section of the report. In addition, Koorsen's quarterly fire alarm system "Inspection Test Report" documentation dated 12/04/13, 03/03/14, 09/18/14 did not document the results of functional testing for the smoke detector in Room 406. Based on interview at the time of record review, the Director of Plant Operations stated the facility has a smart fire alarm system panel which constantly checks fire alarm system component functionality but acknowledged documentation of functional testing results for the smoke detector in Room 406 within the most recent twelve month period was not available for review. 3-1.19(b)		Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: The Director of Plant Operations will review smoke alarm testing through the Quality Assurance committee and on an ongoing basis to assure the safety of residents, staff and visitors to the facility. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The Director of Plant Operations maintains responsibility for compliance with smoke detector testing and the Executive Director maintains overall compliance of the facility.		