STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155727	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE HEALTH CAMPUS	3100 SHAWNEE DR S BEDFORD, IN 47421

(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 0000 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: 07/28/15 Facility Number: 003924 Provider Number: 155727 AIM Number: 200472040 At this Life Safety Code survey, Stonebridge Health Campus 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), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was 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 68 and had a census of 45 at the time of this survey.	K 0000	The submission of this plan of correction does not indicate an admission by Stonebridge Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to our residents of Stonebridge Health Campus. This facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance of this facility. We respectfully request from the Department paper compliance. It is thus submitted as a matter of statute only. All corrections have been submitted to this POC.	

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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	All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.			
K 0050 SS=C Bldg. 01	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 Based on record review and interview, the facility failed to ensure fire drills were held at varied and unexpected times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's fire drills on 07/28/15 at 11:00 a.m. with the Director of Plant Operations present, the following was noted: 1. Four of four first shift (day) fire drills were performed at 8:45 a.m., 9:30 a.m., 8:18 a.m., and 9:05 a.m. 2. Three of four third shift (night) fire	K 0050	**Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Fire drills will be held at unexpected times under varying conditions per LSC K050.** **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken**: All residents residing in the facility have the potential to be affected.	08/10/2015

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NAME OF PROVIDER OR SUPPLIER STONEBRIDGE HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHAWNEE DR S BEDFORD, IN 47421	

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	drills were performed at 4:32 a.m., 5:00 a.m., and 5:30 a.m. Furthermore, 10 of 12 fire drills conducted over the past four quarters were held during the last four days of the month. Based on interview at the time of record review, the Director of Plant Operations acknowledged the fire drills were not held and varied and unexpected times. 3.1-19(b) 3.1-51(c)		**Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** ED or designee and DPO will review the requirements of LSC K050 regulation regarding fire drills on 8/10/15. **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: ED or designee will monitor monthly at the QA meeting for 12 months to ensure facility drills are meeting the requirements of LSC K050.**	