

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155625	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/07/2016
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NAME OF PROVIDER OR SUPPLIER ARBOR GROVE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240
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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: 04/07/16</p> <p>Facility Number: 000305 Provider Number: 155625 AIM Number: 100287200</p> <p>At this Life Safety Code survey, Arbor Grove Village 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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 83 and had a census of 67 at the time of this visit.</p>	K 0000		
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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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K 0029 SS=B Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has one detached wooden storage shed which was not sprinkled.</p> <p>Quality Review completed on 04/12/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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 observation and interview, the facility failed to ensure the corridor doors to 1 of 12 hazardous areas, such as a storage room for combustibles over 50 square feet in size, was provided with a self-closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect all staff who work in</p>	K 0029	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>029 ss=B It is the policy of this facility to comply with one hour fire rated</p>	04/25/2016

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	<p>the Service Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/07/16 at 11:10 a.m. with the maintenance supervisor, the Service Hall housekeeping supply room, which each measured one hundred twenty square feet and stored eight cardboard boxes of paper supplies, lacked a self-closing device on the door. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 04/07/16 at 2:00 p.m.</p> <p>3.1-19(b)</p>		<p>doors or an approved automatic fire extinguishing system in accordance with 8.4.1 and or 19.3.5.4</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? There were no residents affected.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: The maintenance Director installed a self closing device on the corridor door. The maintenance Director inspected all doors in the facility to ensure compliance as it relates to K 029.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: Maintenance Director or designee will inspect all doors to ensure that they meet Life Safety Code Standards during monthly preventative maintenance rounds.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Maintenance Director or designee will inspect all doors to ensure that</p>	

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K 0062 SS=B Bldg. 01	<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>Based on observation and interview, the facility failed to replace or clean 1 of over 300 sprinklers in the facility covered in paint. 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 all staff who work in the Service Hall laundry room.</p> <p>Findings include:</p>	K 0062	<p>they meet Life Safety Code Standards during monthly preventative maintenance rounds. Results will be reviewed during monthly continuous improvement meeting which is overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed to ensure compliance.</p> <p>K 062 ss=B It is the Policy of this facility to have required automatic sprinkler systems that are continuously maintained in reliable operating condition and are inspected and tested periodically in accordance 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? There were no residents affected.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</p>	04/25/2016

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	<p>Based on observation on 04/07/16 at 10:20 a.m. with the maintenance supervisor, the laundry room sprinkler above the wash machines was completely covered in white paint.</p> <p>This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 04/07/16 at 2:00 p.m.</p> <p>3.1-19(b)</p>		<p>The laundry room sprinkler above the washing machine covered in white paint was replaced. The maintenance director inspected all sprinkler heads in the facility to ensure compliance as it relates to K 062</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: Maintenance Director or designee will inspect all sprinkler heads to ensure that they do not have paint on them weekly for 4 weeks and then monthly for 6 months.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Maintenance Director or designee will inspect all sprinkler heads to ensure that they do not have paint on them weekly for 4 weeks and then monthly for 6 months using the CQI tool for sprinkler heads. Results will be reviewed during monthly continuous improvement meeting which is overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed to ensure compliance</p>	