

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  02/04/2014
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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: 02/04/14</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</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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	<p>corridor. The facility has smoke 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 78 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility supply storage services which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/06/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010050 SS=C	<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. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to document activation of the fire alarm system for fire drills conducted between 6:00 a.m. and 9:00 p.m. on the third shift for 1 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Monthly Fire and Evacuation Alarm/Drill Report" documentation during record review with the Maintenance Supervisor from</p>	K010050	<p>The following Plan of Correction constitutes our written allegation of compliance for all the deficiencies cited. Submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law.1. Maintenance Director was re-inserviced on the correct procedure for initiating fire drills between the hours of 6am and 9pm.2. All residents, staff and visitors in the facility have the potential to be affected.3. The Health Facility Administrator will review all fire drills monthly to assure that proper documentation of activation of the fire alarm system for fire drills between 9am and 6pm is present.4. The Administrator will present the results of the documentation of the activation of the fire alarm system for the fire drills conducted between 6am to 9pm</p>	03/06/2014

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K010052 SS=F	<p>9:30 a.m. to 12:30 p.m. on 02/04/14, documentation for the third shift fire drill conducted at 6:25 a.m. on 09/30/13, conducted after 6:00 a.m. but before 9:00 p.m., did not include transmission of the fire alarm signal. Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation for the aforementioned third shift fire drill conducted after 6:00 a.m. and before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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>1. Based on record review, observation and interview; the facility failed to ensure documentation of annual functional testing for 54 of 93 smoke detectors was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire</p>	K010052	<p>to the QA committee quarterly.5. Date of compliance: 3-6-14 We respectfully request paper compliance for this citations.</p> <p>1. Vendor has been notified and will complete an annual functional test for 54 resident sleeping rooms smoke detectors. Documentation will be completed to support the annual functional test.2. All residents have the potential to be affected.3. Vendor</p>	03/06/2014			

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	<p>alarm system initiating devices such as smoke detectors are tested annually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor from 9:30 a.m. to 12:30 p.m. on 02/04/14, documentation of an annual functional test for all 54 resident sleeping room smoke detectors within the most recent twelve month period was not available for review. SafeCare's "Sensitivity Test and Inspection Report" documentation dated 07/19/13 did not include resident sleeping room smoke detectors. Based on observations with the Maintenance Supervisor during a tour of the facility from 1:20 p.m. to 4:00 p.m. on 02/04/14, a smoke detector hard wired to the fire alarm system was installed in each of 54 resident sleeping rooms. Based on interview at the time of record review and of the observations, the Maintenance Supervisor stated smoke detectors hard wired to the fire alarm system were installed in resident sleeping rooms on or before July 2012 and acknowledged resident sleeping room smoke detectors have not been functional tested within the most recent twelve month period.</p>		<p>will inspect all smoke detectors which will include resident sleeping rooms smoke detectors.</p> <p>4. Vendor documentation of the annual inspection will be provided to the facility and will be presented to the QA committee annually.5. Date of compliance: 3-6-14 We respectfully request paper compliance for this citation.</p>				

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	<p>3-1.19(b)</p> <p>2. Based on record review, observation and interview; the facility failed to ensure 54 of 93 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <p>(1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument</p>						

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	<p>(3) Listed control equipment arranged for the purpose</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range</p> <p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction</p> <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of SafeCare "Sensitivity Test and Inspection Report" documentation dated 07/19/13 with the Maintenance Supervisor during record review from 9:30 a.m. to 12:30 p.m. on 02/04/14, all 54 resident sleeping room smoke detectors were not listed as being sensitivity tested. Based on interview at the time of record review, the Maintenance Supervisor stated no additional sensitivity testing documentation was available for review, all resident sleeping room smoke detectors were installed on or before July 2012 and acknowledged sensitivity</p>			

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K010069 SS=A	<p>testing documentation of resident sleeping room smoke detectors was not available for review. Based on observations with the Maintenance Supervisor during a tour of the facility from 1:20 p.m. to 4:00 p.m. on 02/04/14, a smoke detector hard wired to the fire alarm system was installed in each of 54 resident sleeping rooms.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on observation and interview, the facility failed to ensure 2 of 4 kitchen range hood fire suppression system nozzles were correctly positioned in relation to moveable cooking equipment. LSC 9.2.3 requires commercial cooking equipment to be in compliance with NFPA 96, 1998 Edition, the Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 7-2.2.1 requires automatic fire extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards</p>	K010069	<p>1. The two kitchen range hood fire suppression system nozzles have been correctly positioned in relation to the movable cooking equipment by the vendor. 2. No residents were affected.3. The Maintenance Supervisor/designee will followup with the vendor, prior to them exiting the facility, to assure kitchen range hood fire suppression system nozzles are positioned correctly.4. Maintenance Supervisor/designee will provide vendor documentation to the QA committee bi-annually.5. Date of compliance: 3-06-14 We respectfully request paper compliance for this citation.</p>	03/06/2014			

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	<p>where applicable:</p> <ul style="list-style-type: none"> <li>a. NFPA 12, Standard on Carbon Dioxide Extinguishing Systems</li> <li>b. NFPA 13, Standard for the Installation of Sprinkler Systems</li> <li>c. NFPA 17, Standard for Dry Chemical Extinguishing Systems</li> <li>d. NFPA 17A, Standard for Wet Chemical Extinguishing Systems</li> </ul> <p>NFPA 17A, Standard for Wet Chemical Extinguishing Systems, 1998 Edition, 3-6.3 states moveable cooking equipment shall be provided with a means to ensure it is correctly positioned in relation to the appliance discharge nozzle during cooking operations. This deficient practice could affect five staff in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 1:20 p.m. to 4:00 p.m. on 02/04/14, two of four kitchen range hood fire suppression system nozzles were positioned over a moveable electric range and a moveable electric griddle but were each aligned to spray directly at the kitchen range hood filters instead of the cooking appliances. Based on interview at the time of observation, the Maintenance Supervisor acknowledged two of four kitchen range hood fire</p>			
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	<p>suppression system nozzles were not correctly positioned in relation to moveable cooking equipment.</p> <p>3.1-19(b)</p>			