

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155298	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/10/2016
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NAME OF PROVIDER OR SUPPLIER  PYRAMID POINT POST-ACUTE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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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: 05/10/16</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>At this Life Safety Code survey, Pyramid Point Post-Acute 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 three story facility was determined to be of Type II (222) construction and 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 battery operated smoke detectors in all resident sleeping rooms. The facility has a</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 0050 SS=F Bldg. 01	<p>capacity of 135 and had a census of 32 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 storage services which were not sprinklered.</p> <p>Quality Review completed on 05/12/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 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. for 3 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.</p>	K 0050	The Executive Director has in-serviced the Maintenance Supervisor on how to conduct fire drills in accordance with the 19.7.1.2 LSC regulation; specifically, on the activation of the fire alarm when conducting a fire drill	05/19/2016

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	<p>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 "Fire Drill Report" documentation with the Director of Plant Operations during record review from 9:50 a.m. to 12:00 p.m. on 05/10/16, documentation for the second shift fire drill conducted on 11/30/15 at 6:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal. In addition, documentation for first shift fire drills conducted on 01/28/16 at 10:00 a.m. and on 04/29/16 at 1:00 p.m. also did not include activation of the fire alarm system and transmission of the fire alarm signal. Documentation for each of the aforementioned three fire drills stated "No" in response to "Drill initiated by activation of Alarm: " Based on interview at the time of record review, the Director of Plant Operations acknowledged documentation for the aforementioned fire drills conducted after 6:00 a.m. but before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm</p>		<p>between 6:00am and 9:00pm. First and second shift drills will include activation of the fire alarm system and transmission of the fire alarm signal to the facility's contracted monitoring company, SafeCare. The facility will maintain documentation received from SafeCare that confirms alarm activation/signal received. The facility Maintenance Supervisor will maintain documentation in order to validate compliance. In addition, these documents will be storing electronically on TELS (our web based maintenance program).</p>	

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K 0072 SS=E Bldg. 01	<p>signal.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 means of egress was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect 14 residents, staff and visitors if needing to exit the building from the south exit.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations during a tour of the facility from 12:00 p.m. to 2:00 p.m. on 05/10/16, the south exit on the first floor which leads to the south parking lot is marked as a facility exit with an exit sign. Two cars were parked in the south parking lot in the path of the south exit discharge to the public way. The area of</p>	K 0072	<p><b>The facility took the following corrective action(s) regarding means of egress:</b></p> <p>The Maintenance Supervisor posted a "No Parking at Anytime" sign outside of the South exit which leads to the South parking lot. In addition, a 12x12 area has been striped as an additional notification/deterrent for identification of a no parking zone. Please see included pictures as validation. In addition, staff in-service education regarding egress/no parking zones completed on</p>	05/19/2016

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K 0144 SS=F Bldg. 01	<p>the exit discharge path of the south parking lot in which the cars were parked was painted as a "No Parking" area. Based on interview at the time of observation, the Director of Plant Operations stated the south parking lot belongs to the facility, the area of the parking lot in the exit discharge path in which the cars were parked is a no parking area for staff and visitors and acknowledged the two parked cars obstructed the egress path for the south exit discharge.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted for 2 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires</p>	K 0144	<p>5/19/16.</p> <p><b>The facility took the following corrective action(s) regarding generator load tests:</b></p> <p>Maintenance Supervisor will ensure that documentation is accurate in regards to generator load test time frames going forward. Facility will maintain compliance with Chapter</p>	05/19/2016	

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	<p>monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Weekly Generator Test" documentation dated 01/09/16 and 04/28/16 with the Director of Plant Operations during record review from 9:50 a.m. to 12:00 p.m. on 05/10/15, documentation for monthly load testing for January and April 2016 did not state</p>		<p>6-4.2 of NFPA 110 requirements that stipulate the generator sets in Level 1 and Level 2 service be exercised at least once monthly for a minimum of 30 minutes under load, using the methods as indicated in the Life Safety Code. Copy of load test run on 5/19/16 documentation included with this POC.</p>	

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	<p>the emergency generator was exercised for a minimum of 30 minutes. Documentation for the aforementioned two monthly load tests stated "20 min" as the response to "Total Run Time: " Based on interview at the time of record review, the Director of Plant Operations stated the emergency generator was exercised for 30 minutes on the 01/09/16 and 04/28/16 load tests but acknowledged monthly load testing documentation for January and April 2016 did not state the emergency generator was exercised for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>				