

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/19/2015
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5801 W BETHEL AVE MUNCIE, IN 47304
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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: 10/19/15</p> <p>Facility Number: 000086 Provider Number: 155170 AIM Number: NA</p> <p>At this Life Safety Code survey, Westminster Village Muncie Inc 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 V (000) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The healthcare portion of the facility has a capacity of 76</p>	K 0000		

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 0011 SS=E Bldg. 01	<p>and had a census of 52 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the kitchen, located in the residential portion of the facility.</p> <p>Quality Review completed on 10/23/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 two hour fire rated separation walls between the health care portion of the facility and the residential portion of the facility were maintained. This deficient practice could affect 22 residents who reside on the Bristol Hall and 11 residents who reside on the Devon Hall.</p> <p>Findings include:</p> <p>Based on observations on 10/19/15 from at 12:30 p.m. to 1:10 p.m. with the</p>	K 0011	<p>Westminster Village Muncie, Inc. Plan of Correction K-011 NFPA 101 Life Safety Code Standard – Fire Barrier 1) What corrective actions(s) will be accomplished for those Residents found to have been affected by the alleged deficient practice: No resident had any adverse effects due to the alleged deficient practice. The fire wall between 1980 and 1995 additions were sealed with fire caulk (3M Fire Barrier Sealant CP 25WB+) and the fire wall between Health Center and Residential was also</p>	10/19/2015

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	<p>director of plant operations, the fire barrier wall, located at the Bristol Hall to the Service Hall, had a one inch gap around an eight inch steam pipe penetration not firestopped and the Devon Hall west fire barrier wall, located at the Devon Hall west to the residential portion of the facility, had a two foot by four inch rectangular area of concrete missing in the south side of the fire barrier wall and four, three inch gaps around electrical conduit penetrations not fire stopped on both sides of the fire barrier wall. This was verified by the director of plant operations at the time of observations and acknowledged by the executive director at the exit conference on 10/19/15 at 1:20 p.m.</p> <p>3.1-19(b)</p>		<p>sealed with fire caulk on 10-19-2015 which will provide up to 4 hours of fire resistance rating. (See Attached Sheet)</p> <p>2) How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions(s) will be taken: The fire wall between 1980 and 1995 additions were sealed with fire caulk (3M Fire Barrier Sealant CP 25WB+) and the fire wall between Health Center and Residential was also sealed with fire caulk on 10-19-2015 which will provide up to 4 hours of fire resistance rating. (See Attached Sheet)</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: The fire wall between 1980 and 1995 additions were sealed with fire caulk (3M Fire Barrier Sealant CP 25WB+) and the fire wall between Health Center and Residential was also sealed with fire caulk on 10-19-2015 which will provide up to 4 hours of fire resistance rating. (See Attached Sheet)</p> <p>The Physical Plant Director will conduct Semi-Annual inspections of the fire wall and report the results to the Quality Assurance Committee. All contractors having the potential to breach the fire barrier wall will be informed by the Physical Plant</p>		

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K 0025 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 Based on observation and interview, the facility failed to ensure 2 of 7 attic smoke	K 0025	Director that all openings will need to be sealed with the 3M Fire Barrier Sealant. 4) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place: The Physical Plant Director will conduct Semi-Annual inspections of the fire wall and report the results to the Quality Assurance Committee. All contractors having the potential to breach the fire barrier wall will be informed by the Physical Plant Director that all openings will need to be sealed with the 3M Fire Barrier Sealant. 5) All components of the systematic adjustments for notification of changes will be implemented by: Sealant was completed on 10-19-2015. Westminster Village Muncie, Inc. Plan of Correction	10/25/2015	

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	<p>barriers were constructed to provide at least a one hour fire resistance rating. This deficient practice affects 11 residents who reside on the Devon Hall and 22 residents who reside on the Bristol Hall.</p> <p>Findings include:</p> <p>Based on observations with the director of plant operations on 10/19/15 from 12:30 p.m. to 1:10 p.m., the attic smoke barrier wall at the Devon Hall leading to the Featherstone Wing had two, one inch gaps around cable bundles not firestopped and the attic smoke barrier at the Bristol Hall to Center Hall had a three inch circular area of drywall missing in the center of the smoke barrier wall. This was verified by the director of plant operations at the time of observations and acknowledged by the executive director at the exit conference on 10/19/15 at 1:20 p.m.</p> <p>3.1-19(b)</p>		<p>K-025 NFPA 101 Life Safety Code Standard – Smoke Barrier</p> <p>1) What corrective actions(s) will be accomplished for those Residents found to have been affected by the alleged deficient practice: No resident had any adverse effects due to the alleged deficient practice. The smoke barrier between 1980 and 1995 additions were sealed with fire caulk (3M Fire Barrier Sealant CP 25WB+) and the fire wall between Health Center and Residential was also sealed with fire caulk on 10-19-2015 which will provide up to 4 hours of fire resistance rating. (See Attached Sheet)</p> <p>2) How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions(s) will be taken: The smoke barrier between 1980 and 1995 additions were sealed with fire caulk (3M Fire Barrier Sealant CP 25WB+) and the fire wall between Health Center and Residential was also sealed with fire caulk on 10-19-2015 which will provide up to 4 hours of fire resistance rating. (See Attached Sheet)</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: The smoke barrier between 1980 and 1995 additions were sealed with fire caulk (3M</p>		

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			<p>Fire Barrier Sealant CP 25WB+) and the fire wall between Health Center and Residential was also sealed with fire caulk on 10-19-2015 which will provide up to 4 hours of fire resistance rating. (See Attached Sheet)</p> <p>The Physical Plant Director will conduct Semi-Annual inspections of the fire wall and report the results to the Quality Assurance Committee. All contractors having the potential to breach the fire barrier wall will be informed by the Physical Plant Director that all openings will need to be sealed with the 3M Fire Barrier Sealant. 4)</p> <p>How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place: The Physical Plant Director will conduct Semi-Annual inspections of the fire wall and report the results to the Quality Assurance Committee. All contractors having the potential to breach the fire barrier wall will be informed by the Physical Plant Director that all openings will need to be sealed with the 3M Fire Barrier Sealant. 5) All components of the systematic adjustments for notification of changes will be implemented by: Sealant was completed on 10-19-2015.</p>	