

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2012
NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274	
(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 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey with a Life Safety Code and Environmental Preoccupancy Survey for the conversion of 10 residential beds to skilled nursing facility beds for Room 401, 403, 405, 406 and 407 were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/21/12</p> <p>Facility Number: 003342 Provider Number: 155712 AIM Number: 200403740</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code, Environmental Preoccupancy and Quality Assurance Walk-thru survey, Covered Bridge Health Campus was found 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 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive Care Facilities for the 400 Hall bed conversion from residential to comprehensive care. The original building excluding the 300 Hall addition was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of</p>	K 000		

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 000	Continued From page 1 Type V (111) construction and fully sprinklered. 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 68 and had a census of 51 at the time of this visit. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.	K 000			
K 000	INITIAL COMMENTS A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/21/12 Facility Number: 003342 Provider Number: 155712 AIM Number: 200403740 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, Covered Bridge Health Campus was found in compliance with Requirements for Participation in	K 000			

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K 000	<p>Continued From page 2</p> <p>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), and 410 IAC 16.2. The 300 Hall four resident room 2005 addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The 300 Hall addition is a fully sprinklered one story addition of Type V (111) construction. The 300 Hall addition 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 68 and had a census of 51 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>	K 000			