

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155510	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/18/2013
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NAME OF PROVIDER OR SUPPLIER  CENTURY VILLA HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936
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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: 12/18/13</p> <p>Facility Number: 000549 Provider Number: 155510 AIM Number: 100267470</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Century Villa Health Care 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 NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building consisting of everything except the 100 hall and the attached workshop was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the</p>	K010000		

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>corridors, in spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The facility has a capacity of 84 and had a census of 68 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/23/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 4 of 4 sets of double leaf corridor doors could latch independently into their door frames. This deficient practice could affect all residents in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 12/18/13 during the tour between 12:00 p.m. and 2:00 p.m. with the Maintenance Supervisor, the following sets of double leaf corridor doors required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame:</p>	K010018	1 & 2. No residents were affected by this deficient practice. 3. Compliant hardware/doors will be installed. 4. No future doors will be purchased with roller latches. 5. 01/17/14 (dependent on delivery of new hardware/doors).	01/17/2014			

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	<p>a. The double leaf doors on 300 hall leading into Activities room.</p> <p>b. The double leaf doors adjacent to 400 hall leading into the Therapy room.</p> <p>c. The double leaf doors leading on adjacent to 200 hall leading into the Administrator's office.</p> <p>d. The double leaf doors leading on 300 hall leading into the Nursing office.</p> <p>Based on interview on 12/18/13 concurrent with the observations, it was acknowledged by the Maintenance Supervisor, the aforementioned corridor doors would not latch independently into the door frame.</p> <p>3.1-19(b)</p>			

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K010070 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters in nonresident rooms. This deficient practice could affect 22 residents on Administrative hall west as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/18/13 at 1:45 p.m. with the Maintenance Supervisor, a portable space heater which was plugged in for use in the Dietary office on Administrative hall west. Based on interview on 12/18/13 concurrent with the observation, it was acknowledged by the Maintenance Supervisor, space heaters were not allowed in the facility. Based on review of the portable space heater policy on 12/18/13 at 3:30 p.m. with the Maintenance Supervisor, it stated the facility does not allow the use of portable space heaters anywhere in the facility.</p> <p>3.1-19(b)</p>	K010070	1 & 2. No residents were affected by this deficient practice. 3. All staff were notified via email that portable heaters are not allowed in the facility. 4. The administrator will monitor areas to assure compliance with findings reported at the QQA meeting.	01/17/2014			

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K010147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords was not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 6 residents observed in the Dining room adjacent to the Riser room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/18/13 at 2:11 p.m. with the Maintenance Supervisor, an extension cord was used to power a thermostat on a circulating pump inside the Riser room located on service hall instead of plugging the unit directly into a wall outlet which was available. Based on interview on 12/18/13 at 2:12 p.m. it was acknowledged by the Maintenance Supervisor, an extension cord was used to provide power to the aforementioned unit.</p> <p>3.1-19(b)</p>	K010147	1 & 2. No residents were affected by this deficient practice. 3. Maintenance staff inserviced. No flexible cords will be used as a substitute for fixed wiring. 4. Maintenance supervisor will monitor areas to assure compliance with findings reported at the QQA meetings.	01/17/2014			

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