

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155698	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
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NAME OF PROVIDER OR SUPPLIER BETHANY POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 BETHANY RD ANDERSON, IN 46012
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(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
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: 07/15/14</p> <p>Facility Number: 011045 Provider Number: 155698 AIM Number: 200380790</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bethany Pointe Health Campus 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) and 410 IAC 16.2. The original portion of the facility built in 1999, consists of everything except 600 wing and was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The one story facility was determined to be Type V (111) construction and 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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K020000	<p>corridors, in spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 65 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/21/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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: 07/15/14</p> <p>Facility Number: 011045</p>	K020000			

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	<p>Provider Number: 155698 AIM Number: 200380790</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bethany Pointe Health Campus 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) and 410 IAC 16.2. The 600 wing and was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The one story facility was determined to be Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 65 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance</p>						

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K020061 SS=F	<p>with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.2.1 requires automatic sprinkler systems shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure and air pressure on dry pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building which is constantly attended by qualified</p>	K020061	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the annual survey on July 15, 2014. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance. Corrective action to be accomplished for those</p>	08/14/2014	

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	<p>personnel or a an approved, remotely located receiving facility. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 07/15/14 at 3:07 p.m. with the Maintenance Supervisor, the two main sprinkler shut off valves for the sprinkler riser located on 600 hall had a chain connected to each main shut off which was padlocked but did not have electrically supervised tamper switches on either main valve to monitor the integrity of the system. Based on interview on 07/15/14 at 3:10 p.m. with the Maintenance Supervisor, it was acknowledged the facility knew about the need for electrically supervised tamper switches on sprinkler valves, but was unaware these aforementioned valves were unprotected.</p> <p>3.1-19(b)</p>		<p>residents found to be affected by the alleged deficient practice: Koorsen, our fire monitoring company, ordered a Tamper switch which will be delivered on 8/7/14 and will be installed on/before 8/14/14. The Tamper switch has a distinctive supervisory signal which sounds and will be displayed, at the fire panel as Tamper. The signal is constantly attended to by our maintenance department and our Fire monitoring company for all residents, staff and visitors residing on the 600 hall area.</p> <p>How will other resident having the potential to be affected by the same alleged deficient practice be identified and what corrective action will be taken:</p> <p>All residents, staff and visitors residing on the 600 hall area have the potential to be affected by this alleged deficient practice. Koorsen, our fire monitoring company, ordered a Tamper switch which will be delivered on 8/7/14 and will be installed on/before 8/14/14. The Tamper switch has a distinctive supervisory signal which sounds and will be displayed, at the fire panel as Tamper. The signal is constantly attended to by our maintenance department and our Fire monitoring company. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Our Fire monitoring</p>		

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			company will continually monitor the supervisory signal through electronic alarm system. The Plant Ops Director or his designee will monitor the supervisory signal on a daily basis times 7, then weekly thereafter for 6 months and randomly when the fire alarm activates to ensure substantial compliance is achieved.. How will the corrective action be monitored to ensure the alleged deficient practice does not recur: A Quality Assurance monitor will be developed to document the audits and will be reviewed at the monthly Quality Assurance and Safety meeting to ensure the 600 supervisory signal sounds and is displayed at the fire panel. Director Plant Ops/Executive Director to monitor.		