

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155481	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 02/29/2012
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NAME OF PROVIDER OR SUPPLIER ARBOR TRACE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 HODGIN RD RICHMOND, IN 47374
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K0000	<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: 02/29/12</p> <p>Facility Number: 000455 Provider Number: 155481 AIM Number: 100291010</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Arbor Trace Health & Living Community, 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of 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 all resident rooms. The healthcare</p>	K0000	This plan of correction is to serve as Arbor Trace's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Arbor Trace or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute and agreement or admission of the survey allegations.	

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>portion of the facility has a capacity of 86 and had a census of 101 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/06/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 4 of 15 rooms on the 300 Hall, 3 of 14 rooms on the 100 Hall, and the small dining room corridor doors would resist the passage of smoke. This deficient practice could affect 18 residents who reside on the 100 Hall and 8 residents who reside on the 300 Hall.</p> <p>Findings include:</p> <p>Based on observations on 02/29/12 during a tour of the facility from 10:00 a.m. to 2:40 p.m. with maintenance associate # 1, the room doors to resident room 302, resident room 303, resident room 305, resident room 306, resident room 124, resident room 126, the maintenance office, and the small dining room each had between a one half inch and a one inch gap along the top and latching sides of the doors. This was verified by maintenance associate # 1 at the time of observations and confirmed by the administrator at the 2:45 p.m. exit conference on 02/29/12.</p>	K0018	<p>I. Doors to rooms 302, 303, 305, 306, 124, 126, the maintenance office, and the small dining room have all been repaired to resist the passage of smoke.</p> <p>II. The facility currently has no other doors not meeting guidelines for regulation K018.</p> <p>III. The systemic change includes monthly inspection of all facility doors by maintenance department personnel. Any doors, if found to be affected by K018, will be repaired or replaced. A monthly inspection report will provided to the Administrator (or designee).</p> <p>IV. The Administrator (or designee) will audit the monthly door inspection report once each month for 3 months, then once every 3 months for a total of 12 months of monitoring. The results of the reports and monitoring will be discussed at the monthly Quality Assurance Committee meeting.</p> <p>Completion date: 3/20/12</p>	03/20/2012			

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	3.1-19(b)			

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 maintenance offices and 1 of 1 laundry rooms were completely sprinklered. This deficient practice could affect 18 residents who reside on the 100 Hall near the 100 Hall maintenance office.</p> <p>Findings include:</p> <p>Based on observations on 02/29/12 during a tour of the facility from 10:00 a.m. to 2:40 p.m. with maintenance associate # 1, the 100 Hall maintenance office had a five foot storage alcove with no sprinkler coverage. Furthermore, the laundry room had a two foot by five foot area behind the dryers where a two foot ceiling bulkhead prevented this area from being provided with sprinkler coverage and a two foot by eighteen foot area along the</p>	K0056	<p>I.A qualified fire sprinkler specialist company has been contracted to install additional sprinkler heads in the small, remote areas identified by Life Safety. A copy of the bid, the acceptance of said bid, date of repair and completion will be submitted at the same time as plan of correction.</p> <p>II.No other residents were affected by this finding.</p> <p>III.The facility will continue to be inspected by a professional sprinkler monitoring company. They will, in addition to validating sprinkler operational status, identify any areas not meeting the K056 requirements.</p> <p>IV.The Administrator (or designee) will review each quarterly inspection report for 12 months. Results will be discussed at the monthly Quality Assurance Committee meeting. Completion date: 3/20/2012</p>	03/20/2012	

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	<p>front of the dryers where the two foot ceiling bulkhead prevented this area from being provided with sprinkler coverage. The two laundry room areas and the 100 Hall maintenance office area not being provided with sprinkler coverage was verified by maintenance associate # 1 at the time of observations and acknowledged by the administrator at the 02/29/12 exit conference at 2:45 p.m.</p> <p>3.1-19(b)</p>			