

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155072	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/29/2014
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NAME OF PROVIDER OR SUPPLIER  BEECH GROVE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ALBANY ST BEECH GROVE, IN 46107
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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: 09/29/14</p> <p>Facility Number: 000029 Provider Number: 155072 AIM Number: 100275200</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Beech Grove Meadows 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 with a partial basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery</p>	K010000		
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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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K010021 SS=E	<p>operated smoke detectors in all resident sleeping rooms and also has smoke detectors hard wired to the building electrical system in resident sleeping rooms 17 through 24. The facility has a capacity of 133 and had a census of 106 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility storage services which is not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/01/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if</p>			

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	<p>installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 rolling fire doors in the opening between the kitchen and the Dining Room is held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect 50 residents, staff and visitors in the vicinity of the Dining Room.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and the Maintenance Director during a tour of the facility from 10:50 a.m. to 1:40 p.m. on 09/29/14, the kitchen adjoins the Dining Room and a serving window from the adjoining kitchen is equipped with a rolling fire door. The Dining room was not separated from the corridor by positive latching entry doors. The serving window rolling fire did not self close upon activation of the fire alarm system at 12:59 p.m. on 09/29/14. Based on interview at the time of observation, the Maintenance Director acknowledged the Main Dining room is not separated from the corridor and the rolling fire door did not close automatically upon activation of the fire alarm system.</p> <p>3.1-19(b)</p>	K010021	<p>1. The vendors for both the door and the firesystem were contacted to immediately schedule the needed repair to the newrolling fire door on the kitchen pass through.</p> <p>2. The vendors for both the door and the firesystem were contacted to immediately schedule the needed repair to the newrolling fire door on the kitchen pass through.</p> <p>3. The rolling fire door through between thekitchen and the dining areas (pass-through) was repaired and is workingproperly. Work was completed on 10-1-14. The Director of Maintenance and his assistantreceived in-service training regarding assuring vendors appropriate completionof work to code.</p> <p>4. Function of the fire suppression systemincluding the rolling fire door at BGM will be reviewed weekly via thePreventative Maintenance Checklist for 6 weeks without issue, then monthly for6 consecutive months without concern. Additionally, the fire suppression system including the rolling firedoor will be reviewed quarterly via the Environmental Safety CQI reviewed monthlyfor 6 consecutive months without concern at the Quality Assurance Committeemeeting then quarterly thereafter. Anyissues identified by the Preventative Maintenance checklist or the CQI will</p>	10/29/2014			

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K010062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 5 of over 100 sprinklers in the facility which had become corroded, had paint, lint or other foreign materials on them. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 50 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director and the Maintenance Director during a tour of the facility from 10:50 a.m. to 1:40 p.m. on 09/29/14, the following was noted:</p>	K010062	<p>beaddressed by the QA committee via Corrective Action Plan.</p> <ol style="list-style-type: none"> <li>1. The sprinkler heads in question were immediately scheduled for replacement.</li> <li>2. A building wide audit of sprinkler heads was completed and any additional sprinkler heads with corrosion, paint, or other foreign materials on them were immediately scheduled for replacement.</li> <li>3. Replacement of sprinkler heads in the sump pit, in the therapy room, in the dining room was completed on 10-9-14 by Dalmation Fire. Additional identified sprinkler heads were replaced at that time as well.</li> <li>4. Maintenance personnel were in-serviced to identify sprinkler heads with foreign substances that may hinder their proper function during routine maintenance tasks. Sprinkler heads will be visually checked weekly for 12 weeks during weekly low-point draining. The fire suppression system including the status of the Sprinkler Heads will be reviewed monthly for 6 consecutive months without issue via the</li> </ol>	10/29/2014

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K010144 SS=C	<p>a. the automatic sprinkler located in the basement above the sump pit by the laundry had become green with corrosion.</p> <p>b. the automatic sprinkler located above the computer stations in the Therapy Room was covered with drywall mud.</p> <p>c. two sidewall automatic sprinklers located in the Dining Room by the kitchen rolling fire door and the automatic sprinkler located in the closet of Room 21 were each covered with paint.</p> <p>Based on interview at the time of the observations, the the Executive Director and the Maintenance Director acknowledged the aforementioned automatic sprinklers had become corroded or had paint or other foreign materials on them.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to ensure the reliable source documentation for the off site fuel source for 1 of 1 emergency generators was signed by a person with the technical</p>	K010144	<p>Environmental Safety CQI reviewed at the monthly Quality Assurance Committee meeting then reviewed quarterly thereafter. Any issues identified by the Preventative Maintenance checklist or the CQI will be addressed by the QA committee via Corrective Action Plan.</p> <p>1.A request was immediately made of Citizens Gas for a letter from a person with the technical expertise to make the reliable source claim. 2.A request was immediately</p>	10/29/2014			

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	<p>expertise to make the reliable source claim. NFPA 110, 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> <li>a) Liquid Petroleum products at atmospheric pressure</li> <li>b) Liquefied petroleum gas (liquid or vapor withdrawal)</li> <li>c) Natural or synthetic gas</li> </ul> <p>Exception: For Level 1 installations in locations where the probability of interruption of offsite fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source. This deficient practice could affect all clients, staff and visitors. CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ul style="list-style-type: none"> <li>1. A statement of reasonable reliability of the natural gas delivery.</li> </ul>		<p>made of Citizens Gasfor a letter from a person with the technical expertise to make the reliablesource claim.</p> <p>3.A letter from Citizens Gas from the GeneralManager of Engineering was received on 10-9-14. This letter includes a statement of reasonable reliability of naturalgas delivery and supporting statement. It also includes a statement of low probability of interruption and asupporting statement.</p> <p>4.This statement will remain filed in the contractbook in the Executive Director's office for a term of 1 year. In November of 2015, the letter from CitizensGas will be reviewed and renewed reflecting current status of the Natural Gassupply reliability from their engineering department.</p>	

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	<p>2. A brief description that supports the statement regarding the reliability.</p> <p>3. A statement that there is a low probability of interruption of the natural gas.</p> <p>4. A brief description that supports the statement regarding the low probability of interruption,</p> <p>5. The signature of a technical person from the natural gas provider.</p> <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Citizens Energy Group natural gas supplier letter which was not dated with the Maintenance Director during record review from 9:10 a.m. to 10:50 a.m. on 09/29/14, the natural gas provider letter was signed by the "Commercial Sales Consultant".</p> <p>Based on interview at the time of record review, the Maintenance Director stated the fuel source for the emergency generator was natural gas and acknowledged the natural gas provider letter was not signed by a person with the technical expertise to make the reliable source claim.</p> <p>3.1-19(b)</p>						