

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155683	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2016
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NAME OF PROVIDER OR SUPPLIER B & B CHRISTIAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3208 N SHERMAN DR INDIANAPOLIS, IN 46218
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K 0000 Bldg. 01	<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: 08/29/16</p> <p>Facility Number: 011032 Provider Number: 155683 AIM Number: 200262860</p> <p>At this Life Safety Code survey, B & B Christian Healthcare Center 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 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 and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 43 and had a census of 21 at</p>	K 0000	Please accept this as our credible allegation of compliance.	
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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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K 0025 SS=E Bldg. 01	<p>the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility storage services which were not sprinklered.</p> <p>Quality Review completed on 09/01/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide at least a one half hour fire resistance rating. LSC 19.3.7.3 refers to Section 8.3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so that the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific</p>	K 0025	<p>The ceiling in question was repaired by Maintenance. All residents, employees, and visitors had the potential of being affected by this deficient practice. There will be a monthly walkthrough the facility by the Administrator and Maintenance Supervisor to ensure that all smoke barriers are up to standard. A monthly monitoring log will be kept to document any problem areas that need repair and to ensure that all areas are up to standard. This will be continuously monitored by the Administrator and Maintenance Supervisor via a</p>	09/28/2016
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	<p>purpose. LSC Section 8.3.6.2 states openings in smoke barriers of a building shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier or it shall be protected by an approved device that is designed for the specific purpose. This deficient practice could affect 10 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 11:50 a.m. on 08/29/16, the following openings were noted in the ceiling smoke barrier of the transfer switch room which were not firestopped:</p> <ul style="list-style-type: none"> a. a three inch by four inch hole for the passage of five cables and two conduits. b. a three inch gap between the wall and an eight inch in diameter exhaust duct which penetrated the ceiling. c. a one inch in diameter open ended conduit which penetrated the ceiling. <p>Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned holes in the ceiling smoke barrier did not maintain at least a one half hour fire resistance rating.</p> <p>3.1-19(b)</p>		monthly walkthrough and a monthly monitoring log.	

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K 0029 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 6 hazardous areas such as fuel fired heater rooms and soiled utility rooms were separated from other spaces by smoke resistant partitions and doors. Doors to hazardous areas are self closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 10 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 11:50 a.m. on 08/29/16, the following openings were noted in the ceiling of the transfer switch</p>	K 0029	<p>A self-closure was placed on the soiled utility room door. All residents, employees, and visitors had the potential of being affected by this deficient practice.</p> <p>The Administrator will do a monthly walkthrough inspection with the Maintenance Supervisor to ensure that all doors and partitions to hazardous areas are self-closing and functioning properly. A monthly monitoring log will be kept to document any problem areas that need repair and to ensure that all areas are up to standard. This will be continuously monitored on a monthly basis by the Administrator and Maintenance Supervisor via a walkthrough and maintenance monitoring log.</p>	09/28/2016

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K 0038 SS=E Bldg. 01	<p>room which contained a natural gas fired water heater and failed to separate this hazardous area from other spaces by smoke resistant partitions:</p> <p>a. a three inch by four inch hole for the passage of five cables and two conduits.</p> <p>b. a three inch gap between the wall and an eight inch in diameter exhaust duct which penetrated the ceiling.</p> <p>c. a one inch in diameter open ended conduit which penetrated the ceiling.</p> <p>In addition, the east door to the soiled utility room in the main entrance lobby failed to self close because the bottom of the door dragged on the floor and was prevented from self closing. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned openings in the ceiling of the transfer switch room and the east door to the soiled utility room in the main entrance lobby failed to separate these hazardous areas from other spaces by smoke resistant partitions and doors.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are</p>			

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	<p>readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 exit accesses were provided with a handrail. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. The required egress width shall be provided along the natural path. Exception No 3: Existing stairs, existing ramps, stairs within dwelling units and within guest rooms, and ramps within dwelling units and guest rooms shall be permitted to have a handrail on one side only. This deficient practice could affect 12 residents, staff and visitors using the south exit.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 11:50 a.m. on 08/29/16, a fifteen foot section of the the exit access ramp located at the south exit discharge was not provided with a handrail. The portion of the ramp with a missing handrail had a two foot rise over the fifteen foot section of the ramp. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the south discharge ramp was not provided with a handrail for the entire length of the ramp.</p>	K 0038	<p>The handrail was replaced on the South exit ramp. All residents on the South Hall, employees, and visitors had the potential of being affected by this deficient practice. The Administrator will do a monthly walkthrough inspection with the Maintenance Supervisor to ensure that the handrail on the South exit ramp is stable and in good repair. This will be kept in a monthly monitoring log. This will be continuously monitored on a monthly basis by the Administrator and Maintenance Supervisor via a walkthrough and maintenance monitoring log.</p>	09/28/2016

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K 0062 SS=E Bldg. 01	<p>3.1-19(b)</p> <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 ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. LSC 9.7.1 states all automatic sprinkler systems shall be maintained in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 states sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect 12 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 11:50 a.m. on 08/29/16, electrical wiring with an electrical junction box not affixed to the</p>	K 0062	<p>The electrical wiring was removed from the sprinkler pipe that is located in the attic above the South Hall. All residents on the South Hall, employees, and visitors had the potential of being affected by this deficient practice.</p> <p>The Administrator will do a monthly walkthrough inspection with the Maintenance Supervisor to ensure that all sprinkler piping is free of non-system components. This will be kept in a monthly monitoring log. This will be continuously monitored on a monthly basis by the Administrator and Maintenance Supervisor via a walkthrough and maintenance monitoring log.</p>	09/28/2016

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	<p>building structure was looped around a one foot section of sprinkler pipe in the attic above the south hall and could not be detached from the sprinkler pipe without disconnecting the junction box. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned sprinkler pipe location was being used to support nonsystem components.</p> <p>3.1-19(b)</p>				