

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155026	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2016
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NAME OF PROVIDER OR SUPPLIER  GREENWOOD VILLAGE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143
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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: 06/16/16</p> <p>Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660</p> <p>At this Life Safety Code survey, Greenwood Village South 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, all areas open to the corridor and in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 124 at the time of this visit.</p>	K 0000	Preparation and execution of this Plan of Correction in no way constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. Greenwood Village South reserves the right to challenge in legal proceedings all deficiencies, statements, finding, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.	

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 0062 SS=F Bldg. 01	<p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 06/22/16 - DA</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 record review and interview, the facility failed to ensure all portions of 1 of 1 automatic sprinkler systems was inspected every five years as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 10-2.2 states systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0062	<p>No residents were affected, but the facility realizes all residents have the potential to be affected. Koorsen Fire and Security has been scheduled to complete an internal pipe inspection of the areas of the automatic sprinkler system that have not been replaced within the last 5 years. The earliest available date for Koorsen Fire and Security to complete this is July 20, 2016. Once the inspection is completed, a report will be submitted to the QAPI committee for review. Date of correction: 7/20/16.</p>	07/20/2016

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	<p>Based on record review with the Licensed Care Plant Supervisor (LCPS) during record review from 8:45 a.m. to 11:00 a.m. on 06/16/16, documentation of an internal pipe inspection for all portions of the facility's automatic sprinkler system within the most recent five year period was not available for review. Based interview at the time of record review, the LCPS stated all portions of the facility's automatic sprinkler system piping below the attic have been recently replaced or are scheduled to be replaced which would negate the need for a five year internal inspection for those portions of replaced piping. Based on review of Koorsen Fire &amp; Security proposal and invoice documentation for Dogwood Hall, Redbud Hall and the Core Hall, all portions of the facility's automatic sprinkler system below the attic have been replaced within the most recent five year period except for Sycamore Hall and the attic. Based on review of Koorsen's 08/24/15 proposal memo, the scope of the project was stated as "KFS will tie into existing CPVC system and extend it to the Core area along with replacing the dry sprinkler system below the attic." Based on interview at the time of record review, the LCPS acknowledged documentation of an internal pipe</p>			

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K 0130 SS=C Bldg. 01	<p>inspection for all portions of the facility's automatic sprinkler system within the most recent five year period was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 expansion tanks had current inspection certificates to ensure the expansion tank was in safe operating condition. NFPA 101, Section 19.1.1.3 requires all health facilities to be designed constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Certificate of Inspection" documentation from the State of Indiana with the Licensed Care Plant Supervisor (LCPS) during record review from 8:45 a.m. to 11:00 a.m. on 06/16/16, the Expansion Tank in the Boiler Room identified as IN250723 had</p>	K 0130	We request that this tag be removed due to receiving documentation from the Hartford Steam Boiler Inspection and Insurance Company that the expansion tank cited in this deficiency is exempt from inspection. Notification of the exemption has been uploaded with this Plan of Correction.	07/16/2016

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K 0147 SS=E Bldg. 01	<p>an expiration date of 04/23/16 listed for the Certificate of Inspection. Based on interview at the time of record review, the LCPS stated the expansion tank in the Boiler Room is required to have current Certificate of Inspection from the State of Indiana but acknowledged the aforementioned expansion tank had expired Certificate of Inspection documentation from the State of Indiana.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Based on observation and interview, the facility failed to ensure 3 of 3 extension cords including power strips were not used as a substitute for fixed wiring. 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 10 residents, staff and visitors.</p> <p>Findings include:  Based on observations with the Licensed</p>	K 0147	No residents were affected. None of the three Power Strips cited in this deficiency were in a "patient care vicinity", as defined by the 2012 NFPA section 3.3.139 and the CMS newsletter, dated September 26, 2014, regarding Categorical Waiver for Power Strips Use in the Patient Care Areas. The microwave in the Life Enrichment (Activities Staff) Office was plugged into the wall receptacle and the power strip was removed. The microwave in the Dogwood Hall Director's (Unit Manager's) office was plugged into the wall receptacle. Two additional	07/16/2016

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	<p>Care Plant Supervisor (LCPS) during a tour of the facility from 11:00 a.m. to 1:50 p.m. on 06/16/16, the following was noted:</p> <p>a. a microwave oven was plugged into a power strip in the Life Enrichment Office in Dogwood Hall.</p> <p>b. a microwave oven was plugged into a power strip in the Dogwood Hall Director's Office.</p> <p>c. a hair dryer and a curling iron were plugged into a power strip in the Salon. Based on interview at the time of the observations, the LCPS acknowledged extension cords were being used as a substitute for fixed wiring at the aforementioned three locations.</p> <p>3.1-19(b)</p>		<p>outlets were installed in the beauty shop to accommodate the use of the curling iron and the hair dryer. The maintenance director will monitor the use of power strips in the facility in an ongoing maintenance program to assure the appropriate use of them. The Maintenance Director, or his designee, will monitor these once a month for one year and report the compliance to the QAPI committee every month. Date of correction: 7/16/2016.</p>	