

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155291	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2015
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NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214
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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
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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: 06/08/15</p> <p>Facility Number: 000188 Provider Number: 155291 AIM Number: 100266310</p> <p>At this Life Safety Code survey, Eagle Valley 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 was determined to be of Type V (111) construction and was 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 114 and had a census of 112</p>	K 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Review on or after 06/22/15.	
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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>at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building, a wooden storage shed, providing facility services which was not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure openings through 2 of 7 smoke barrier walls were protected to maintain the fire resistance rating of the smoke barrier wall. LSC 19.3.7.3 refers to Section 8.3. 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 60 residents, staff and visitors.</p>	K 0025	<p>K -025 Smoke Barriers It is the intent of this provider to ensure smoke barriers are constructed to provide at least one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioner systems. What</p>	06/22/2015

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	<p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:20 a.m. to 1:15 p.m. on 06/08/15, one three foot by two foot hole for the passage of electrical cables was noted in each of the attic smoke barrier walls above the corridor smoke barrier door set at the entrance to the C Wing and above the corridor smoke barrier door set at the entrance to the A Wing which were each not filled with a material capable of maintaining the smoke resistance of the attic smoke barrier walls. Each of the aforementioned attic smoke barrier walls consisted of four layers of five eighths inch thick dry wall. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the openings in the aforementioned attic smoke barrier walls did not maintain the fire resistance rating of the attic smoke barrier wall.</p> <p>3.1-19(b)</p>		<p>corrective actions will be accomplished for those found to have been affected by the alleged deficient practice? The holes noted in the attic smoke barrier walls above the corridor smoke barrier door set at the entrance to C wing and the entrance of A wing were repaired using 2 layers of 5/8" drywall. The areas surrounding the cables were closed using fire caulk. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken Residents residing on A and C hall have the potential to be affected by the deficient practice. The Maintenance Director will observe smoke barriers for areas of penetration and the smoke barrier shall be filled with material capable of maintaining smoke resistance. What measures will be put into place or what systematic changes will be made to ensure the deficient practice does not recur? After completion of construction projects and work in the attic, the Maintenance Director will observe for penetration to smoke barriers and repair as needed. How the corrective actions will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p>		

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			The Maintenance Director/designee with be responsible to complete the Life Safety Review CQI weekly for four weeks, bi-weekly for two months and monthly thereafter. The results of this audit will be reviewed by the CQI committee overseen by the Executive Director. If threshold of 95% is not achieved, an action plan will be developed to ensure compliance.		