

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/11/2013
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NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86TH ST INDIANAPOLIS, IN 46260
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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: 03/11/13</p> <p>Facility Number: 000074 Provider Number: 155154 AIM Number: 100290050</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Spring Mill 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 two story facility with a basement was determined to be of Type II (000) construction and fully sprinklered except for the elevator machine room in the basement. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the</p>	K010000	Please accept this 2567 Plan of Correction for the Life Safety Survey ending March 11, 2013 as the Provider's Letter of Credible Allegation. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction with a completion date of March 22, 2013.	

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>corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 142 and had a census of 116 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building, a storage shed, providing facility storage services which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/12/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ 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 1 of 13 doors serving hazardous areas such as the kitchen automatically close and latch into the door frame. This deficient practice could affect 36 residents, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:15 a.m. to 2:20 p.m. on 03/11/13, the corridor door to the kitchen is equipped with a self closing device but the closing device did not fully swing the door shut to self close and automatically latch into the door frame. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the corridor entry door to the kitchen does not automatically close and latch into the</p>	K010029	<p>K029 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>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All residents have the potential to be affected. A new door closer and new latch will be installed to kitchen door. Door will be adjusted and tested to ensure it latches completely during self-close.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected. A new door closer and new latch will be installed to</p>	03/22/2013			

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	door frame. 3.1-19(b)		kitchen door. Door will be adjusted and tested to ensure it latches completely during self-close. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All self-close latching doors will be checked for the same deficiency and immediately corrected if indicated. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? During routine environmental rounds, Maintenance Director or designee will report any deficiencies found to monthly QAA committee for review and ensure corrective action takes place immediately.		

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K010056 SS=A	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a sprinkler head was installed in 1 of 1 basement elevator machine rooms to provide coverage for all portions of the building. NFPA 13 at 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. This deficient practice could affect six staff and visitors in the vicinity of the basement Elevator Machine Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:15 a.m. to 2:20 p.m. on 03/11/13, the basement Elevator Machine Room did not have a sprinkler head installed. Based on interview at the time</p>	K010056	<p>K056 Standard for the Installation of Sprinkler Systems 19.3.5</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All residents have the potential to be affected. A licensed contractor will be retained to install a sprinkler head in Elevator Machine Room.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected. Once sprinkler head is installed, contractor will test sprinkler system to ensure proper functioning. Licensed contractor will inspect and test sprinkler</p>	03/22/2013			

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	<p>of observation, the Maintenance Director acknowledged the basement Elevator Machine Room did not have a sprinkler head installed in the room.</p> <p>3.1-19(b)</p>		<p>system quarterly and include newly installed sprinkler head in Elevator Machine Room. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? Once sprinkler head is installed, contractor will test sprinkler system to ensure proper functioning. Licensed contractor will inspect and test sprinkler system quarterly and include newly installed sprinkler head in Elevator Machine Room. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Maintenance Director or designee will review internal Life Safety binder which holds all annual and quarterly safety inspections to ensure compliance annually. Any deficiencies noted will be reviewed in QAA committee meeting.</p>		

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K010064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to inspect 1 of 23 portable fire extinguishers in the facility each month. NFPA 10, Standard for Portable Fire Extinguishers, Section 4-3.4.2 requires fire extinguisher inspections monthly with at least the date of inspection and the initials of the person performing being recorded. In addition, NFPA 10, Section 4-2.1 defines inspection as a "quick check" to ensure the fire extinguisher is available and will operate. It is intended to give reasonable assurance the fire extinguisher is fully charged and operable, verifying it is in its designated place, it has not been actuated or tampered with and there is no obvious or physical damage or condition to prevent its operation. This deficient practice could affect 36 residents, staff and visitors in the vicinity of the Beauty Shop.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:15 a.m. to 2:20 p.m. on 03/11/13, the annual maintenance tag attached to the portable fire extinguisher</p>	K010064	<p>K064 Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All residents have the potential to be affected. Beauty shop fire extinguisher location will be added to Fire Extinguisher Location/Inspection List. This fire extinguisher was inspected already in March, 2013. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. All residents have the potential to be affected. Beauty shop fire extinguisher location will be added to Fire Extinguisher Location/Inspection List. This fire extinguisher was inspected already in March, 2013. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All other fire extinguishers have been inspected monthly and are</p>	03/22/2013			

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	<p>located in the Beauty Shop indicated a monthly inspection was not documented for February 2013. Based on interview at the time of observation, the Maintenance Director acknowledged a monthly inspection for the portable fire extinguisher located in the Beauty Shop was not documented for February 2013.</p> <p>3.1-19(b)</p>		<p>in proper working order. Maintenance Director or designee will review Fire Extinguisher Location/Inspection List periodically and as new locations are added to ensure all building fire extinguisher locations are on the list and inspected monthly. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Maintenance Director or designee will review Fire Extinguisher Location/Inspection List monthly and report any deficiencies to QAA committee.</p>		