

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155490	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/30/2016
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NAME OF PROVIDER OR SUPPLIER AMBASSADOR HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 E MAIN ST CENTERVILLE, IN 47330
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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
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: 06/30/16</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</p> <p>At this Life Safety Code survey, Ambassador Healthcare was found in substantial 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This two story facility with a partial basement was determined to be of Type V (111) construction and fully sprinkled except the second floor conference room closet. The facility has a fire alarm system with smoke detection on all levels including the partial basement, the</p>	K 0000		

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 0056 SS=C Bldg. 01	<p>corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 123 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the detached storage building and the detached walk in cooler and walk in freezer.</p> <p>Quality Review completed on 07/08/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13</p> <p>Based on observation and interview, the facility failed to ensure 1 of 7 second floor office rooms was completely sprinkled. This deficient practice could affect any staff who work in the second</p>	K 0056	The small closet in the conference room was used to store office supplies. The closet will be emptied on 7/15/2016, allowing the maintenance department to seal the area with drywall rendering it unusable.	07/30/2016

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K 0062 SS=C Bldg. 01	<p>floor staff offices.</p> <p>Findings include:</p> <p>Based on observation on 06/30/16 at 1:20 p.m. with the maintenance supervisor, the second floor staff office conference room closet lacked a sprinkler. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 06/30/16 at 2:00 p.m.</p> <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 replace 2 of over 33 second floor sprinklers in the facility covered in paint. 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</p>	K 0062	<p>Office supplies will be stored elsewhere in the future. Normally three staff members work in this area and potentially may be affected by this change. The maintenance department will complete a full inspection of every closet in the facility by 7/30/2016, to ensure that they are properly sprinkled. This inspection will be logged and filed in the maintenance department. We have a safety committee which meets monthly as part of our QAPI program. The maintenance supervisor will report monthly inspections to this committee for monitoring and intervention as needed.</p> <p>As of 7/5/2016 the contracted alarm company has replaced two sprinkler heads on the second floor corridor, near the staff conference room. Normally three staff members work in this area and potentially may be affected. The maintenance department</p>	07/30/2016

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K 0000 Bldg. 02	<p>the improper orientation. This deficient practice could affect any staff who work in the second floor staff offices.</p> <p>Findings include:</p> <p>Based on observations on 06/30/16 during a tour of the second floor staff offices from 1:15 p.m. to 1:35 p.m. with the maintenance supervisor, the second floor corridor near the staff conference room had two sprinklers completely covered in white paint. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 06/30/16 at 2:00 p.m.</p> <p>3.1-19(b)</p> <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: 06/30/16</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</p>	K 0000	will complete a full inspection of all sprinkler heads by 7/30/2016, for paint or any other issues that would impede their function. Repairs will be made promptly if issues are found. This will be logged and filed in the maintenance department. The maintenance supervisor will report monthly to our safety committee as part of our QAPI program for monitoring and intervention as needed.				

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	<p>At this Life Safety Code survey, Ambassador Healthcare was found in substantial 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) and 410 IAC 16.2.</p> <p>The 2008 Rehabilitation Hall and the 2013 North Hall were surveyed with Chapter 18, New Health Care Occupancies. This 2008 and 2013 additions to the one story facility were determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 123 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the detached storage building and the detached walk in cooler and walk in freezer.</p> <p>Quality Review completed on 07/08/16 - DA</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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