

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

PRINTED: 03/03/2011
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155689 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 02/22/2011 |
| NAME OF PROVIDER OR SUPPLIER COURTYARD HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2400 COLLEGE AVE GOSHEN, IN 46526 | |
| (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 000 | <p>INITIAL COMMENTS</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: 02/22/11</p> <p>Facility Number: 000091 Provider Number: 155689 AIM Number: 100290080</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Courtyard 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 138 and had a census of 128 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/01/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | K 000 | | |
| 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 050 SS=F | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 quarters. This deficient practice could effect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drill records and interview on 02/22/11 at 2:35 p.m. with the maintenance supervisor and facility administrator, there was no record of a second shift fire drill for the third quarter of 2010. The maintenance supervisor and administrator acknowledged the fire drill was not conducted.</p> <p>3.1-19(b) 3.1-51(c)</p> | K 050 | | | |
| K 062 SS=F | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> | K 062 | | | |

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| K 062 | Continued From page 2 25, 9.7.5 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems was inspected quarterly. Section 9.7.5 requires sprinkler systems to 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, Table 2.1, Summary of Sprinkler System Inspections, Testing and Maintenance, requires quarterly testing of alarm devices and main drains. NFPA 25, 1.8 requires records of inspections, tests and maintenance of the system and its components be made available to the authority having jurisdiction upon request. This deficient practice could affect all staff, visitors and clients. Findings include; Based on review of sprinkler system records on 02/22/11 at 2:55 p.m. with the maintenance supervisor and facility administrator, the facility lacked quarterly documentation of sprinkler system testing and maintenance for the third quarter of 2010. The maintenance supervisor and administrator stated at the time of record review, they thought the inspection provider knew when to complete the maintenance and testing and confirmed it was not done for August 2010. | K 062 | | | |
| K 144 SS=F | 3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised | K 144 | | | |

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| K 144 | Continued From page 3 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: 1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing of 1 of 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on record review with the facility administrator and maintenance supervisor on 02/22/11 at 3:15 p.m., there was no documentation available of a generator load test | K 144 | | | |

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| K 144 | <p>Continued From page 4</p> <p>for the month of August 2010. The maintenance supervisor and administrator acknowledged at the time of the record review, the load test was not completed.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation and interview; the facility failed to ensure a written record of weekly inspections of the starting batteries for the generator was maintained for 34 of 52 weeks for the generator. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. Chapter 3-4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator logs with the maintenance supervisor and facility administrator on 02/22/11 at 3:15 p.m., the facility did not inspect the emergency generator battery at seven day intervals since 06/28/10. The maintenance supervisor and administrator stated at the time of record review, they did not</p> | K 144 | | | |

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| K 144 | Continued From page 5 understand the seven day inspection requirement for the generator battery. | K 144 | | | |
| K 154 SS=F | 3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed to protect 138 of 138 residents in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC, 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department to be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also to be notified. This deficient practice could affect all occupants in the facility including residents, staff and visitors. Findings include: | K 154 | | | |

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| K 154 | Continued From page 6 | K 154 | | | |
| K 155 SS=F | <p>Based on review of the facility's policy and procedure book with the maintenance supervisor and facility administrator on 02/22/11 at 2:45 p.m., the fire watch procedure for an out of service automatic sprinkler system was incomplete. The procedure lacked the telephone number for the Indiana State Department of Health (317-233-5359) and the local fire department and it did not include staff must be trained to perform fire watch rounds. The interview with the maintenance supervisor and administrator at the time of the record review indicated no other policy or procedure was available to review.</p> <p>3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period to protect 138 of 138 residents, in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and</p> | K 155 | | | |

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| K 155 | <p>Continued From page 7</p> <p>available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's policy and procedure book with the maintenance supervisor and facility administrator on 02/22/11 at 2:45 p.m., the fire watch procedure for an out of service automatic alarm system was not complete. The procedure lacked the required telephone numbers for the Indiana State Department of Health (317-233-5359) and the local fire department and it did not include staff must be trained to perform fire watch rounds. The maintenance supervisor and administrator stated at the time of record review, they had no other policy or procedure available to review.</p> <p>3.1-19(b)</p> | K 155 | | | |