

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  05/07/2014
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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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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: 05/07/14</p> <p>Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Greenwood Village South (Pavilion) 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, in areas open to the corridor and hard wired smoke detectors in</p>	K010000	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. In fact, Greenwood Village South reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts, and conclusions that form the basis of the alleged deficiency. This Plan of Correction serves as the credible allegation of compliance on May 8, 2014.	

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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K010056 SS=F	<p>resident sleeping rooms. The facility has a capacity of 137 and had a census of 103 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/12/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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</p>			

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	<p>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 1 of 1 steel armover sprinkler pipes observed in the Riser room was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in the building as well as staff or visitors if the sprinkler system required repair.</p> <p>Findings include:</p> <p>Based on observation on 05/07/14 at 2:15 p.m. with the Maintenance Supervisor, a steel sprinkler pipe armover above the sprinkler riser apparatus in the Mechanical room on Service hall was measured to be thirty four inches in length and was unsupported. Based on interview on 05/07/14 concurrent with the observation with the Maintenance</p>	K010056	<p>1. No residents, staff, or visitors were affected by the alleged deficient practice.2. The community realizes that all residents, staff, and visitors had the potential to be affected by the alleged deficient practice.3. The sprinkler pipe in the riser room that exceeded 24 inches without support was corrected with an armover on May 8, 2014.4. The Maintenance Director or his designee will conduct on-going inspections of sprinkler pipes in the entire health center monthly until all of the areas have been reviewed to achieve compliance and corrections will be completed over the next six months. Documentation of such will be submitted to the Administrator for further review and recommendations in the monthly Quality Assurance Process Improvement Committee Meetings.</p>	05/08/2014

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K010062 SS=F	<p>Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in length and was unsupported.</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 ensure 1 of 1 automatic sprinkler systems was maintained in accordance with NFPA 13, 1999 edition, Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect all residents as well as visitors and staff should the sprinkler pipe break and require repair.</p> <p>Findings include:</p> <p>Based on observation on 05/07/14 at 2:18 p.m. with the Maintenance Supervisor, a two inch diameter steel sprinkler pipe located above the riser room in the Mechanical room on Service hall was</p>	K010062	<p>1. No residents were affected by the alleged deficient practice.2. The community realizes that all residents, staff, and visitors had the potential to be affected by the alleged deficient practice.3. The fluorescent light was relocated from the sprinkler pipe to an alternate support.4. The Maintenance Director or his designee will ensure that automatic sprinkler systems will be maintained in accordance with NFPA 13, 1999 edition, by conducting on-going inspections of the entire health center monthly until all of the areas have been reviewed to achieve compliance and corrections will be completed over the next six months. Documentation of such will be submitted to the Administrator for further review and recommendations in the</p>	05/08/2014

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	used to support one, four foot fluorescent light fixture which was not a sprinkler system component. Based on interview on 05/07/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned sprinkler pipe was used to support a light fixture.  3.1-19(b)		monthly Quality Assurance Process Improvement Committee Meetings.		