

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155338	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2015
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - PRESTWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 445 S CR 525 E AVON, IN 46123
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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: 06/22/15</p> <p>Facility Number: 000231 Provider Number: 155338 AIM Number: 100267900</p> <p>At this Life Safety Code survey, Manorcare Health Services - Prestwick 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), and 410 IAC 16.2. Building 0101, the original building, was surveyed using Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0101, built prior to March 1, 2003, was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm</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 0069 SS=D Bldg. 01	<p>system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in 63 of 78 resident sleeping rooms and has smoke detectors hard wired to the fire alarm system installed in 15 of 78 resident sleeping rooms. The facility has a capacity of 140 and had a census of 77 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected</p>	K 0069	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>It is the practice of this facility to ensure that the entire exhaust system be inspected by properly trained, qualified, and certified company or person(s) in</p>	07/21/2015			

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	<p>semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect three staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of Hoodz "Job Service Report" documentation dated 02/11/15 and Koorsen Environmental Services "Kitchen Exhaust Cleaning Work Order" documentation dated 07/10/14 with the Maintenance Director during record review from 9:30 a.m. to 11:20 a.m. on 06/22/15, documentation of kitchen exhaust system inspection every six months was not available for review. The aforementioned documentation indicated it had been greater than seven months in between the two most recent kitchen exhaust system inspections. Based on interview at the time of record</p>		<p>accordance with Table 8-3.1. Consistent with this practice, the following actions have been taken: I. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> A work order was completed on 06.23.15 for SafeCare to complete suppression hood cleaning and inspection no later than 07.10.15.</p> <p>II. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> A comprehensive review of documentation of completed exhaust system inspections was completed to ensure that all other systems' inspections were compliant.</p> <p>III. <u>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur:</u> Maintenance personnel will be re-educated on the requirements of NFPA 96 which requires the entire exhaust system to be inspected by properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. A QAPI tool has been developed to</p>				

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K 0130 SS=B Bldg. 01	<p>review, the Maintenance Director stated the facility changed kitchen exhaust system inspection contractors within the most recent twelve month period and acknowledged documentation of semiannual kitchen exhaust system inspection every six months was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program for battery operated smoke detectors installed in 63 of 78 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect over 50 residents, staff and visitors.</p> <p>Findings include:</p>	K 0130	<p>monitor ongoing compliance titled, "K-069" that the Administrator or designee will utilize to monitor weekly, on scheduled days of work, times 4 weeks that compliance is maintained.</p> <p><u>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place:</u> Audit findings will be presented to QAPI committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of six months. QAPI committee will review findings and determine need for further monitoring until a threshold of 100% is reached.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of</p>	07/21/2015			

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	<p>Based on review of "Direct Supply TELS: Test battery operated smoke detectors" documentation with the Maintenance Director during record review from 9:30 a.m. to 11:20 a.m. on 06/22/15, an itemized listing of battery operated smoke detector testing and cleaning for the 52 week period of 06/23/14 through 06/19/15 was not available for review. The results of testing battery operated smoke detectors in resident sleeping rooms are documented as being all were tested on a weekly basis and all were cleaned on an annual basis. Based on observations with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:20 p.m. on 06/22/15, battery operated smoke detectors are installed in each of 63 resident sleeping rooms in Building 0101. Manufacturer's specifications affixed to each Kidde Model i9040 smoke detector stated to test weekly and to clean the detector on an annual basis. Based on interview at the time of record review and of the observations, the Maintenance Director acknowledged an itemized listing of battery operated smoke detector testing and cleaning for the aforementioned period was not available for review.</p> <p>3.1-19(a)</p>		<p>correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>It is the practice of this facility to ensure that the a preventative maintenance program is in place for every battery operated smoke detector installed individually in accordance with LSC 4.6.12.2. Consistent with this practice, the following actions have been taken: I. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> The form provided on the ISDH website was implemented to monitor the preventative maintenance conducted on each individual battery operated smoke detector throughout the facility, including those identified during the survey conducted on 06.22.15.</p> <p>II. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> A comprehensive review of documentation of completed on all battery operated smoke detectors throughout the facility to ensure that each were included on the newly implemented preventative maintenance tracking form..</p>				

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K 0147	NFPA 101		<p>III. <u>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur</u>; Maintenance personnel will be re-educated on the requirements of LSC 4.6.12.2 which requires a preventative maintenance program is in place for every battery operated smoke detector installed individually in accordance with LSC 4.6.12.2. A QAPI tool has been developed to monitor ongoing compliance titled, "K-130" that the Administrator or designee will utilize to monitor weekly, on scheduled days of work, times 4 weeks that compliance is maintained.</p> <p>IV. <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place</u>; Audit findings will be presented to QAPI committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of six months. QAPI committee will review findings and determine need for further monitoring until a threshold of 100% is reached.</p>	

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SS=E Bldg. 01	<p>LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 21 residents, staff and visitors in the vicinity of Room 600.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:20 p.m. on 06/22/15, a refrigerator was plugged into a power strip in Room 600. Based on interview at the time of observation, the Maintenance Director acknowledged a power strip was being used as a substitute for fixed wiring at the aforementioned location.</p> <p>3.1-19(b)</p>	K 0147	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>It is the practice of this facility to ensure electrical wiring and equipment is in accordance with NFPA 70, National Electric Code 9.1.2. Consistent with this practice, the following actions have been taken: I. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</u> A work order was completed on 06.23.15 to have the refrigerator plug removed from the power strip and plugged directly into the wall socket. This work order was completed on 06.23.15.</p> <p>II. <u>What corrective action(s) will be accomplished for those</u></p>	07/21/2015	

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			<p><u>residents found to have been affected by the deficient practice:</u> A comprehensive review of all resident rooms was conducted to ensure electrical wiring and equipment is compliant with NFPA 70, National Electric Code 9.1.2.</p> <p><u>III. What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur:</u> Maintenance personnel and staff will be re-educated on the requirements of NFPA 70, National Electric Code 9.1.2. A QAPI tool has been developed to monitor ongoing compliance titled, "K-147" that the Administrator or designee will utilize to monitor weekly, on scheduled days of work, times 4 weeks that compliance is maintained.</p> <p><u>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place:</u> Audit findings will be presented to QAPI committee weekly for 4 weeks and monthly</p>	

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K 0154 SS=C Bldg. 01	<p>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</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 77 of 77 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all</p>	K 0154	<p>thereafter. Ongoing monitoring will continue for a minimum of six months. QAPI committee will review findings and determine need for further monitoring until a threshold of 100% is reached.</p> <p>K 154</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	07/21/2015

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	<p>residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:30 a.m. to 11:20 a.m. on 06/22/15, written fire watch policies for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. A review of the 2012 version of "Emergency Response Manual: Fire Watch Procedures" noted the statement "be sure to confirm with the State Facility Inspector who is exactly to be notified as well as the means of notification and specify clearly in the space provided in the Fire Watch Procedures Section of the Life Safety Code Documentation Manual" but the policy did not include notification of ISDH. Review of Attachment C and Appendix L of the Emergency Response Manual for additional fire watch procedures also did not include notification of ISDH in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period. Based on interview at the time of record review, the Maintenance Director acknowledged</p>		<p>It is the practice of this facility to ensure that the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period does include notification of the Indiana State Department of Health (ISDH). Consistent with this practice, the following actions have been taken: I. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> The facility's Fire Watch Procedure was updated on 06.24.15 to include that in the event that the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period notification of the Indiana State Department of Health (ISDH) is required.</p> <p>II. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>-</p> <p>The facility's Fire Watch Procedure was updated on 06.24.15 to include that in the event that the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period notification of the</p>				

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	written fire watch policies in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction. 3.1-19(b)		Indiana State Department of Health (ISDH) is required. III. <u>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur;</u> Maintenance personnel will be re-educated on the updated Fire Watch Procedure which requires ISDH notification in the event that the automatic sprinkler system has to be placed out of service for longer than for hours within a 24 hour period. A QAPI tool has been developed to monitor ongoing compliance titled, "K-154" that the Administrator or designee will utilize to monitor weekly, on scheduled days of work, times 4 weeks that compliance is maintained. IV. <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place;</u> Audit findings will be presented to QAPI committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of six months. QAPI committee will review findings and determine need for further monitoring until a threshold of 100% is reached.		

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K 0155 SS=C Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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>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 in accordance with LSC, Section 9.6.1.8 in order to protect 77 of 77 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:30 a.m. to 11:20 a.m. on 06/22/15, written fire watch policies for the facility in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. A review of the 2012 version of "Emergency Response Manual: Fire Watch Procedures" noted the statement</p>	K 0155	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. It is the practice of this facility to ensure that the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period does include notification of the Indiana State Department of Health (ISDH). Consistent with this practice, the following actions have been taken: I. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</u> The facility's Fire Watch Procedure was updated on 06.24.15 to include that in the event that the automatic sprinkler system has to be placed out of</p>	07/21/2015	

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	"be sure to confirm with the State Facility Inspector who is exactly to be notified as well as the means of notification and specify clearly in the space provided in the Fire Watch Procedures Section of the Life Safety Code Documentation Manual" but the policy did not include notification of ISDH. Review of Attachment C and Appendix L of the Emergency Response Manual for additional fire watch procedures also did not include notification of ISDH the event the fire alarm system is out of service for four hours or more in a 24 hour period. Based on interview at the time of record review, the Maintenance Director acknowledged written fire watch policies in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction. 3.1-19(b)		service for four hours or more in a 24 hour period notification of the Indiana State Department of Health (ISDH) is required. II. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> The facility's Fire Watch Procedure was updated on 06.24.15 to include that in the event that the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period notification of the Indiana State Department of Health (ISDH) is required. III. <u>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur:</u> Maintenance personnel will be re-educated on the updated Fire Watch Procedure which requires ISDH notification in the event that the automatic sprinkler system has to be placed out of service for longer than for hours within a 24 hour period. A QAPI tool has been developed to monitor ongoing compliance titled, "K-155" that the Administrator or designee will utilize to monitor weekly, on scheduled days of work, times 4 weeks that compliance is maintained. IV. <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put</u>		

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K 0000 Bldg. 02	<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: 06/22/15</p> <p>Facility Number: 000231 Provider Number: 155338 AIM Number: 100267900</p> <p>At this Life Safety Code survey, Manorcare Health Services - Prestwick 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), and 410 IAC 16.2. Building 0202, which consisted of the Therapy Care Unit (TCU) wing, was surveyed using Chapter 18, New Health</p>	K 0000	<p>into place: Audit findings will be presented to QAPI committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of six months. QAPI committee will review findings and determine need for further monitoring until a threshold of 100% is reached.</p>	

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K 0154 SS=C Bldg. 02	<p>Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0202, built in 2007, 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 installed in 63 of 78 resident sleeping rooms and has smoke detectors hard wired to the fire alarm system installed in 15 of 78 resident sleeping rooms. The facility has a capacity of 140 and had a census of 77 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>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</p>			

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	<p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 77 of 77 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:30 a.m. to 11:20 a.m. on 06/22/15, written fire watch policies for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. A review of the 2012 version of "Emergency Response Manual: Fire Watch Procedures" noted the statement</p>	K 0154	<p>K 154</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>It is the practice of this facility to ensure that the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period does include notification of the Indiana State Department of Health (ISDH). Consistent with this practice, the following actions have been taken: <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> The facility's Fire Watch Procedure was updated on 06.24.15 to include that in the event that the automatic sprinkler system has to be placed out of service for four hours or more in a</p>	07/21/2015

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	<p>"be sure to confirm with the State Facility Inspector who is exactly to be notified as well as the means of notification and specify clearly in the space provided in the Fire Watch Procedures Section of the Life Safety Code Documentation Manual" but the policy did not include notification of ISDH. Review of Attachment C and Appendix L of the Emergency Response Manual for additional fire watch procedures also did not include notification of ISDH in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period. Based on interview at the time of record review, the Maintenance Director acknowledged written fire watch policies in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p> <p>3.1-19(b)</p>		<p>24 hour period notification of the Indiana State Department of Health (ISDH) is required.</p> <p><u>II. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</u></p> <p>-</p> <p>The facility's Fire Watch Procedure was updated on 06.24.15 to include that in the event that the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period notification of the Indiana State Department of Health (ISDH) is required.</p> <p><u>III. What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur;</u> Maintenance personnel will be re-educated on the updated Fire Watch Procedure which requires ISDH notification in the event that the automatic sprinkler system has to be placed out of service for longer than for hours within a 24 hour period. A QAPI tool has been developed to monitor ongoing compliance titled, "K-154" that the Administrator or</p>	

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K 0155 SS=C Bldg. 02	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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>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 in accordance with LSC, Section 9.6.1.8 in order to protect 77 of 77 residents. This</p>	K 0155	<p>designee will utilize to monitor weekly, on scheduled days of work, times 4 weeks that compliance is maintained.</p> <p><u>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place:</u> Audit findings will be presented to QAPI committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of six months. QAPI committee will review findings and determine need for further monitoring until a threshold of 100% is reached.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of</p>	07/21/2015

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	<p>policies in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p> <p>3.1-19(b)</p>		<p><u>practice does not recur:</u> Maintenance personnel will be re-educated on the updated Fire Watch Procedure which requires ISDH notification in the event that the automatic sprinkler system has to be placed out of service for longer than for hours within a 24 hour period. A QAPI tool has been developed to monitor ongoing compliance titled, "K-155" that the Administrator or designee will utilize to monitor weekly, on scheduled days of work, times 4 weeks that compliance is maintained. IV. <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place:</u> Audit findings will be presented to QAPI committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of six months. QAPI committee will review findings and determine need for further monitoring until a threshold of 100% is reached.</p>		