

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155475	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/23/2015
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NAME OF PROVIDER OR SUPPLIER TOWNE HOUSE RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2209 ST JOE CENTER RD FORT WAYNE, IN 46825
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K 000 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: 03/23/15</p> <p>Facility Number: 000541 Provider Number: 155475 AIM Number: N/A</p> <p>Surveyor: Thomas Forbes, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Towne House Retirement Community 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 with a walkout lower level below the southeast wing 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</p>	K 000		
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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 025 SS=E Bldg. 01	<p>areas open to the corridors. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 32 and had a census of 5 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered except the elevator equipment room. The facility had a detached barn providing facility services including storage of mowers, maintenance equipment and two buses that was not sprinklered.</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 Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure penetrations</p>	K 025	The Towne House does not agree with this finding. However, to be in compliance, the hole that	04/06/2015

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	<p>through 1 of 6 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 18.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect any resident using the dining room and any staff in the service hall.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Environmental Service Director on 03/23/15 at 1:32 p.m. there was a one inch hole around a wire located in the east service hall smoke barrier wall in the attic space near the dining room. Based on interview at the time of observation, the Environmental Service Director acknowledge and provided the measurements of the penetration.</p> <p>3.1-19(b)</p>		<p>was identified during the survey was the result of recent construction that had occurred and was in the process of being completed. It was repaired on the same day as the survey occurred. The environmental services director has inspected other areas and all holes have been properly repaired. The quality assurance program has been modified to review areas where construction and/or remodeling are being done to assure that holes are repaired timely, and will be reviewed at least quarterly. The environmental services director will monitor.</p>				

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K 062 SS=D Bldg. 01	<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 1 of 3 automatic sprinklers in room 224 which had been painted. 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 the improper orientation. This deficient practice could affect one resident in room 202.</p> <p>Findings include:</p> <p>Based on an observation during the tour of the facility with the Environmental Service Director on 03/23/15 at 11:34 a.m., one of three automatic sprinklers in room 202 on west hall had paint on the deflector and the glass bulb of the sprinkler head. Based on interview, this was acknowledged by the Environmental Service Director at the time of observation.</p>	K 062	<p>The Towne House does not agree with this finding. The paint that was identified to be on the sprinkler head was actually drywall dust. To be in compliance, the sprinkler head was cleaned and the dust was removed. The environmental services director has inspected other areas of the building, and sprinkler heads are free of dust and paint. The quality assurance program has been modified to address sprinkler head cleanliness and will be reviewed on a quarterly basis. The environmental services director will monitor.</p>	04/06/2015
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K 069 SS=B Bldg. 01	<p>3.1-19(b)</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 observation and interview, the facility failed to ensure 5 of 7 kitchen range hood fire suppression system nozzles were provided with blow-off caps or other suitable devices to prevent the entrance of grease vapors into the nozzles. LSC 9.2.3 requires commercial cooking equipment to be in compliance with NFPA 96, 1998 Edition, the Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 7-2.2.1 requires automatic fire extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable:</p> <ul style="list-style-type: none"> a. NFPA 12, Standard on Carbon Dioxide Extinguishing Systems b. NFPA 13, Standard for the Installation of Sprinkler Systems c. NFPA 17, Standard for Dry Chemical Extinguishing Systems d. NFPA 17A, Standard for Wet Chemical Extinguishing Systems <p>NFPA 17A, Standard for Wet Chemical</p>	K 069	The Towne House does not agree with this finding. However, to be in compliance, the Towne House is replacing the nozzle caps with new stainless steel caps on the range hood suppression system. An outside contractor is in the process of completing this and will monitor the condition of these caps during their semi annual inspections. In addition, the quality assurance program is being modified to address the inspection and monitoring of these caps on a quarterly basis. The environmental services director will monitor.	04/22/2015

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K 130 SS=E Bldg. 01	<p>Extinguishing Systems, 1998 Edition, 2-3.1.4 states all discharge nozzles shall be provided with caps or other suitable devices to prevent the entrance of grease vapors, moisture, or other foreign materials into the piping. The protection device shall blow off, open, or blow out upon agent discharge. This deficient practice could affect any staff working in the kitchen.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Environmental Service Director on 03/23/15 at 12:35 p.m., five kitchen range hood fire suppression system nozzles were not provided with blow-off caps or other suitable devices to prevent the entrance of grease vapors into the nozzles. Based on interview at the time of observation, the Environmental Service Director acknowledged that five kitchen range hood fire suppression system nozzles were not provided with blow-off caps.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p>			
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	<p>Based on observation and interview, the facility failed to ensure the penetration in 1 of 2 fire barrier walls was maintained to ensure the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.2.3.2.4.2 requires pipes, conduits, bus ducts; cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows:</p> <p>(1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet on of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific</p>	K 130	The Towne House does not agree with this finding. However, to be in compliance, the holes that were identified during the survey were the result of recent construction that had occurred and were in the process of being completed. These holes were repaired on the same day as the survey by the contractor. The environmental services director has inspected other areas and all holes have been properly repaired. The quality assurance program has been modified to review areas quarterly where constuction and/or remodeling are being done to assure that holes are repaired timely. The environmental services director will monitor.	04/06/2015

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K 147 SS=B Bldg. 01	<p>purpose. This deficient practice could affect residents in 1 of 6 smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation during the tour of the facility with the Environmental Service Director on 03/23/15 at 1:34 p.m. in the fire barrier between the service hall and the memory care unit above the ceiling tile there were six unsealed penetrations measuring from three to one inches around wires. Based on the interview at the time of observation, the Environmental Service Director acknowledged and provided the measurements of the penetration.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords such as an extension cord were not used as a substitute for fixed wiring for high draw equipment. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70,</p>	K 147	The Towne House does not agree with this finding. However, to be in compliance, the extension cord was immediately removed from the beauty shop and 12 additional electrical outlets were installed in the beauty shop by a licensed electrician. The quality assurance program has been modified to specifically	04/06/2015

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	<p>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 up to five residents in the beauty shop.</p> <p>Findings include:</p> <p>Based on an observation during the tour of the facility with the Environmental Service Director on 03/23/15 at 12:45 p.m., an extension cord was providing power for three curling irons in the beauty shop. Based on interview at the time of observations, the Environmental Service Director acknowledged the three curling irons were plugged into an extension cord.</p> <p>3.1-19(b)</p>		<p>review the presence of extension cords in the beauty shop on a quarterly basis. The environmental services director will monitor.</p>	