

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155490	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2013
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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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K030000	<p>A Life Safety Code and Environmental Preoccupancy survey for the addition of the North Hall resident rooms 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134 and 135 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/07/13</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey for the North Hall addition, Ambassador Healthcare 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. The 2013 North Hall was surveyed with Chapter 18, New Health Care Occupancies.</p>	K030000		
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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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	<p>This one story 2013 North Hall addition was determined to be of Type V (111) construction with a basement and was fully sprinklered. The facility has a fire alarm system with smoke detection in the 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 101 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except the detached storage building and detached walk in cooler and walk in freezer.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K030033 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) in buildings four stories or more are enclosed with construction having fire resistance rating of at least two hours, are arranged to provide a continuous path of escape, and provide protection against fire and smoke from other parts of the building. In all buildings less than four stories, the enclosure is at least one hour. 8.2.5.4, 18.3.1.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 stairway exit doors on the North Hall was provided with a label indicating the fire resistance rating of the stairway door. LSC 8.2.5.4 refers to 7.1.3.2.1 for enclosure of exits. LSC 7.1.3.2.1(a) says the separation shall have not less than a 1 hour fire resistance rating where the exit connects three stories or less. This deficient practice could affect all residents who reside on the North Hall.</p> <p>Findings include:</p> <p>Based on observation on 03/07/13 at 11:25 a.m. with the maintenance supervisor and administrator, the North Hall exit stairway had a door at the bottom of the stairway enclosure leading to the basement which was not provided with fire resistance rating label. This was verified by the maintenance supervisor at the time of observation and confirmed by</p>	K030033	<p>1. No resident was affected due to this wing not being cleared for occupancy.2. No other door on the new wing was found to be without a fire resistance label.3. Our contractor installed a fire resistance rating label to the basement door.4. Maintenance will check doors on new unit every 6 months to ensure fire resistance rating labels remain in place. Maintenance to report to quarterly Q.A. meeting of any issues found of missing door labels.5. 3/16/2013</p>	03/16/2013			

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	<p>the administrator at the exit conference on 03/07/13 at 1:45 p.m.</p> <p>3.1-19(b)</p>			

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K030046 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on observation, record review and interview; the facility failed to ensure 2 of 2 exits on the North Hall were provided with emergency powered exterior lighting. This deficient practice affects all residents who reside on the North Hall.</p> <p>Findings include:</p> <p>Based on observations on 03/07/13 during a tour of the North Hall from 9:15 a.m. to 11:40 a.m. with the activity director, maintenance supervisor, and administrator, the North Hall stairway exit and basement exit were not provided with light fixtures outside each exit door.</p> <p>Based on an interview with the maintenance supervisor and general contractor on 03/07/13 at 11:00 a.m., the North hall stairway exit and basement exit did not have outside emergency lights on the building plans, which were reviewed with the general contractor on 03/07/13 at 11:00 a.m. The lack of emergency powered exterior lighting outside the North Hall stairway exit and the basement exit was confirmed by the administrator at the exit conference on 03/07/13 at 1:45 p.m.</p>	K030046	<p>1. No resident was affected due to wing not being approved for occupancy.2. New wing not being used as an emergency exit, due to not being approved for occupancy.3.Hill's Electrical installed emergency lighting to both outside exit doors on new wing. (AttachmentA)4. Maintenance will monitor exit lights 1 time monthly during facility generator test to ensure that lights are working properly. Maintenance will report to the quarterly Q.A. meeting any issues found with emergency lighting.5. 3/16/2013</p>	03/16/2013			

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K030105 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the Life Safety Branch of the electrical system described in NFPA 99. 18.2.9.2, 18.2.10.2, 18.5.1.1, 18.5.1.2.</p> <p>Based on observation, record review and interview; the facility which was equipped with life support equipment failed to ensure the Type I Essential Electrical System powered the sump pump and sprinkler system air compressor which was a fire alarm system component for the North Hall addition. NFPA 99, 3-4.2.2.2(b) Life Safety Branch, the life safety branch of the emergency system shall supply power for the following lighting receptacles and equipment: 3(a) Fire Alarms. NFPA 99, 3-4.2.2.3(d), Equipment for Delayed-Automatic Connection, the following equipment shall be arranged for delayed-automatic connection to the alternative power source: 2. Sump pumps and other equipment required to operate for the safety of major apparatus, including associated control systems and alarms. This deficient practice could affect all residents who reside on the North Hall.</p> <p>Findings include:</p>	K030105	<p>1. No resident was affected due to the wing not being approved for occupancy.2. Hill's Electrical was informed of the need for the air compressor and sump pump to be on emergency back up system.3. Air compreeor and sump pump were added to the emergency power on 3/16/2013. Tested were completed and no issues were found.4. Maintenance will monitor air compressor and sump pump 1 time monthly during facility generator test to ensure there are no issues with either system. Maintence to report to quarterlt Q.A. meeting any issues found with system.5. 3/16/2013</p>	03/16/2013			

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	<p>Based on observations on 03/07/13 during a tour of the North Hall addition with the maintenance supervisor from 9:15 a.m. to 11:10 a.m., the North Hall basement sprinkler riser had an air compressor attached to the sprinkler riser with electrical wiring from the low air pressure gauge to a fire alarm system connection. Based on observation of the electrical box wiring to the sprinkler system air compressor on 03/07/13 at 10:20 a.m. with the maintenance supervisor, the electrical box was not color coded with the red color coding used throughout the North Hall addition which signified an emergency powered electrical component. Furthermore, the basement sump pump electrical box was observed at the time of observation of the sprinkler air compressor, and it was not color coded red. Based on an interview with the general contractor in charge of the North Hall construction and the maintenance supervisor on 03/07/13 at 11:10 a.m., the electrical schematic drawing for the North Hall were reviewed and the sprinkler system air compressor and sump pump were not provided with emergency power from the facility emergency generator set. This was confirmed by the administrator at the exit conference on 03/07/13 at 1:45 p.m.</p> <p>3.1-19(c)</p>			

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