

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155736	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2015
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NAME OF PROVIDER OR SUPPLIER MILL POND HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1014 MILL POND LN GREENCASTLE, IN 46135
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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: 03/04/15</p> <p>Facility Number: 004550 Provider Number: 155736 AIM Number: 200526450</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mill Pond Health Campus 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility, was located on the south end of a one story building determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, resident rooms</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 038 SS=E Bldg. 01	<p>and spaces open to the corridors. The facility has a capacity for 68 and had a census of 45 at the time of this survey.</p> <p>All areas where the residents have customary access and all areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/11/15.</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 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 Based on observation and interview, the facility failed to ensure the exit discharge for 3 of 8 emergency exit discharges were arranged to be accessible and minimize tripping hazards. LSC 19.2.1 requires compliance with LSC 7.1, Means of Egress. LSC 7.1.3.2.3 requires that an exit enclosure shall not be used for any purpose with the potential to interfere with its use as an exit. LSC Section 7.1.6 requires walking surfaces in the means of egress shall comply with 7.1.6.4. LSC 7.1.6.4 requires walking surfaces to be nominally level. LSC 7.1.10.1 "Means of</p>	K 038	<p>1. Alleged deficient practice has the potential to affect 20 residents, staff and visitors. 2. Walking surface required to be nominally level with egress free of all obstructions. 3. Area covered in snow near exit 312 with pitting and cracked across width of exit. Wheelbarrow removed from sidewalk and snow removed from cracked area. Will obtain quote to have sidewalk replaced with a level surface 7 x 7 area. 4. Will monitor daily x 4 weeks. Then 3 xs weekly x 5 months. Reports forwarded to QA for monthly follow up.</p>	04/03/2015

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K 062 SS=C Bldg. 01	<p>egress shall be continuously free of all obstructions or impediments to full instant use in case of fire or other emergency use." This deficient practice affects visitors, staff and 20 or more residents in the dining room and on the 300 hall.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 03/04/15 at 11:00 a.m., the two back exit discharge paths were each covered with a layer of snow and a wheelbarrow lay on the sidewalk. The exit discharge surface near room 312 at 11:30 a.m., was damaged by pitting and cracked across the width of the exit with a change in grade of one half to one inch which made the surface unlevel. The Director of Plant Operations said at the time of observations, the problems were weather related.</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. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review, observation and interview, the facility failed to ensure 2</p>	K 062	1. Alleged deficient practice has the potential to affect all residents, staff and visitors. 2.	04/03/2015			

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	<p>of 2 automatic sprinkler system gauges were replaced or calibration tested every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 2-3.2. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation on 03/04/15 at 12:15 p.m. with the Director of Plant Operations, two automatic sprinkler system gauges were dated 2009. A review of the Report of Inspection dated 01/22/15 by the sprinkler system testing contractor with the Director of Plant Operations on 03/04/15 at 12:50 p.m., noted: "gauges due for 5 year" (recalibration or replacement). The Director of Plant Operations said at the time of record review, he had quotes for the work but there was no scheduled date for the work. A copy of a quote was not provided for review at the time of survey.</p> <p>3.1-19(b)</p>		<p>Two of two automatic sprinkler system gauges are required to be replaced for calibration tested every 5 years. Inspection dated 1/22 stated test due and not scheduled to date. 3. Will schedule testing by 3/23/15 to ensure compliance and replace or calibrate as required. 4. Will monitor monthly to ensure inspections are completed timely x 12 months. Reports forwarded to QA to ensure compliance</p>	