

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/21/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY PARKVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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K010000	<p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/21/13</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Parkview Care Center 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors with battery powered smoke detectors in</p>	K010000		
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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>all resident sleeping rooms. The facility has a capacity of 92 and had a census of 75 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached garage for facility storage and was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/26/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 sets of double corridor doors could each latch independently into the door frame. This deficient practice could affect 28 residents on 300 long hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/21/13 at 12:00 p.m. with the Maintenance Supervisor, the single set of double leaf corridor doors leading into the Therapy room required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame. Based on interview on</p>	K010018	The corrective action for those 28 residents found to have been affected by this deficient practice will be to fix the doors to the therapy room so that the doors will latch independently into their frame.the facility will check all other doors in the facility to ensure they latch independently into their frame.to ensure this deficient practice does not recur.the facility will have any new doors placed in the facility checked by our fire protection company to ensure compliance.The checking of these doors will be added to the fire drill checks to ensure they are working properly.Documentation will be added to the form to ensure written compliance.the results of this documentation will be provided at our QA meeting to help ensure compliance.	12/21/2013

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	<p>11/21/13 concurrent with the observation, it was acknowledged by the Maintenance Supervisor, the aforementioned set of corridor doors would not latch independently into its door frame.</p> <p>3.1-19(b)</p>			

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K010062 SS=F	<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, record review and interview; the facility failed to ensure 2 of 2 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all residents in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/21/13 at 12:20 p.m. and 3:09 p.m. with the Maintenance Supervisor, there were two fire hydrants on facility property observed on the east and west side of the Dining room. Based on review of Fire Systems report on 11/21/13 at 3:21 p.m. with the Maintenance Supervisor, the facility lacked documentation of annual inspections for the private fire hydrants.</p>	K010062	<p>Since this deficiency could affect all residents in the facility. The Facility will have the two hydrants located on our property inspected and certified by our fire protection company.(Elwood Fire).This has been noted at the company per our agreement and will be checked annually and after each use.To ensure this deficient practice does not recur this inspection will be added to our fire drill report to remind us of the need for annual or after use inspection.The written documentation certifying the hydrants were checked will be maintained by our maintenance supervisor and results of the inspection will be shared at our QA for continued compliance.</p>	12/21/2013			

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	<p>Based on interview concurrent with record review with the Maintenance Supervisor, it was confirmed the two fire hydrants were on the property and considered to be private and documentation of an annual fire hydrant inspection was not available for review and the facility was unaware the fire hydrants needed to be serviced annually.</p> <p>3.1-19(b)</p>			