

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155813	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2014
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NAME OF PROVIDER OR SUPPLIER VILLAGES AT HISTORIC SILVERCREST THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 OLD VINCENNES ROAD NEW ALBANY, IN 47150
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K010000	<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: 12/16/14</p> <p>Facility Number: 012619 Provider Number: 155813 AIM Number: 201238590</p> <p>Surveyors: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code Recertification and State Licensure Survey, The Villages at Historic Silvercrest 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 second and third floors of this five story facility with a basement and was determined to be of Type II (222) construction and was fully sprinkled. The facility has a fire alarm system with hard wired smoke</p>	K010000		

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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K010050 SS=C	<p>detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 54 and had a census of 45 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/22/14.</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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 Based on record review and interview,</p>	K010050	The Director of Plant Operations has developed a planning	01/15/2015

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K010062 SS=F	<p>the facility failed to ensure fire drills were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Trilogy Plant Operations Manual on 12/16/14 at 11:00 a.m. with the Director of Plant Operations and Assistant Director of Plant Operations present, four of four fire drills on the second shift (evening) during the past twelve months were performed between 3:12 p.m. and 3:31 p.m., furthermore, four of four fire drills on the third shift (night) during the past twelve months were performed between 5:22 a.m. and 5:40 a.m. During an interview at the time of record review, the Director of Plant Operations acknowledged the times of the second and third shift fire drills were not varied enough.</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>		calendar and has projected when each fire drill will occur each month to include the time of day, ensuring he projects a varied time. He will then note the actual fire drill on the Preventive Maintenance Calendar to include shift and time. The Executive Director will audit these drills every month for a minimum of 6 months to ensure times are varied. In the event they are not, repeat drills at a varied time will be initiated and the auditing will continue until 100% compliance has been reach for 3 consecutive months. The fire drill will continue to be monitored through the monthly QA process as well.	

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	<p>Based on record review, observation and interview; the facility failed to ensure 6 of 6 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 could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the preventive maintenance records in the Trilogy Plant Operations Manual on 12/16/14 at 11:20 a.m. with the Director of Plant Operations and Assistant Director of Plant Operations present, there was no documentation to show the facility's six fire hydrants have had an annual inspection. Based on interview at the time of record review, the Director of Plant Operations said the facility's six fire hydrants have not been inspected during the past twelve months. Based on observation on 12/16/14 between 12:00 p.m. and 2:00 p.m. during a tour of the</p>	K010062	All fire hydrants on facility property will be inspected and will continue to be inspected annually. The Director of Plant Operations will track this inspection by utilizing the Preventative Maintenance calendar. This will be audited by the Executive Director and will be tracked by our current QA process by tracking due dates in the QA minutes and reviewed monthly by the QA Committee.	01/15/2015			

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K010130 SS=F	<p>facility with the Director of Plant Operations and Assistant Director of Plant Operations, it was confirmed there were six private fire hydrants on the facility's property.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, interview and record review; the facility failed to ensure 3 of 3 fuel fired water heaters had inspection certificates that were current to ensure the water heaters were in safe operating condition. NFPA 101 in 19.1.1.3 requires all health facilities to be designed constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 12/16/14 between 12:00 p.m. and 2:00 p.m. during a tour of the facility with the Director of Plant Operations and Assistant Director of Plant Operations, there were no inspection certificates or inspection tags on any of the three water heaters. The</p>	K010130	These water heaters will be inspected and continue to be inspected per regulation to ensure the safety of residents and visitors. Inspection due dates will be tracked on the Preventative Maintenance calendar. This inspection will be audited by the Executive Director and will be monitored through the QA process by tracking the due dates for inspection in the QA minutes and reviewed at the monthly QA Committee meeting for continued compliance.	01/15/2015			

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	tags on the water heaters said they were 100 gallon tank water heaters, furthermore, all three were gas fired water heaters. During interview at the time of observations, the Director of Plant Operations acknowledged there were no inspection certificates or inspection tags on the 100 gallon gas fired water heaters. 3.1-19(b)				