

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155776	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/30/2014
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NAME OF PROVIDER OR SUPPLIER  SPRINGHILL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E SPRINGHILL DR TERRE HAUTE, IN 47802
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 12/30/14</p> <p>Facility Number: 012188 Provider Number: 155776 AIM Number: 200958030</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Springhill Village 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>The facility was 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 and spaces open to the corridors. Resident rooms are equipped</p>	K010000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after January 7, 2015.	

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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K010062 SS=F	<p>with battery powered smoke detectors. The facility has the capacity for 99 and had a census of 93 at the time of this survey.</p> <p>All areas with customary access to residents were sprinklered. Two detached buildings used for nursing supply storage and maintenance were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/31/14.</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 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 and interview the facility failed to ensure sprinkler waterflow alarm devices were tested quarterly for 2 of 4 quarters. LSC 4.6.12 requires maintenance and testing of the automatic sprinkler system are made at specified intervals in accordance with applicable NFPA standards. NFPA 25,</p>	K010062	<b>K 062 NFPA 101 Life SafetyCode</b> It is the policy of this facility that all automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. <b>What corrective action(s) will be accomplished for those</b>	01/07/2015			

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	<p>the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, at 2-3.3 requires that waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. NFPA 25, 1-8.1 requires that records shall indicate the procedure performed (inspection, test, or maintenance), the organization that performed the work, the results and the date. Finally, NFPA 25, 1-8 requires that records of inspection, test, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to valve inspections, flow, drain, and pump tests; and trip tests of dry pipe, deluge and preaction valves. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on a review of Quarterly Sprinkler Inspection Reports with the Maintenance Supervisor on 12/30/14 at 1:35 p.m., no quarterly sprinkler inspection for the third quarter of 2014 was found. The record review revealed a change in sprinkler system contractors after the quarterly sprinkler inspection dated 06/17/14 and</p>		<p><b>residents found to have been affected by the deficient practice?</b> A sprinkler inspection has been scheduled for January 7, 2015. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> Residents that reside at the facility may be affected by alleged deficient practice. The Maintenance Supervisor was educated on 1/5/2014 by the Executive Director on ensuring sprinkler inspections are completed timely per policy. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b> Sprinkler inspections will be completed timely per policy. Any delay in sprinkler inspections will be reported to the Executive Director. Sprinkler Inspection logs will be audited prior to the end of the quarter to ensure the required inspection is completed. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> CQI tool "Sprinkler Inspection" will be completed quarterly and presented to the CQI Committee. Executive Director/Designee will monitor for compliance.</p>	

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	<p>notice to the new sprinkler system contractor of the date of this last sprinkler inspection. The 2014 fourth quarter 11/26/14 sprinkler report was blank except for the note that the facility did not want the testing done as a component of the system was being repaired. The Maintenance Supervisor said at the time of record review, he did not know why the inspection due in September had not been done and why the contractor failed to reschedule a fourth quarter sprinkler inspection.</p> <p>3.1-19(b)</p>				