STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED
	155606		07/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTSIDE RETIREMENT VILLAGE	8616 W 10TH ST INDIANAPOLIS, IN 46234

(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
K 0000 Bldg. 03	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). Survey Date: 07/02/15 Facility Number: 000497 Provider Number: 155606 AIM Number: 100291530 At this Life Safety Code survey, Westside Retirement 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. A one story building addition of Type II (000) construction was approved on 08/24/2007 and the major renovation of the original one story building of Type II (222) construction was approved 05/28/2008. This one story facility was determined to be of Type II (000) construction and fully	K 0000	This plan of correction is submitted under Federal and State regulations and status applicable to long term care providers.This plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied.The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly.Please accept this plan as our credible allegation of compliance.Westside Village Health Center respectfully requests paper compliance for this survey.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 132 and had a census of 107 at the time of this visit. All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered.			
K 0050 SS=F Bldg. 03	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, the facility failed to document activation of the fire alarm system for first shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 1 of 4 quarters. LSC 18.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00	K 0050	The facility has conducted and documented a Fire Drill onDay Shift with full audible sound during the regulated time frames. All residents were potentially affected by the allegeddeficient practice and when reviewing all residents there were no negativeoutcomes. The Maintenance Director will provide the Administrator witha Fire Drill Schedule on a Quarterly basis for	07/22/2015

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	p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in the facility. Findings include: Based on review of "Direct Supply TELS Logbook Documentation: Fire Drills" and "Fire Drill Report" documentation with the Maintenance Director during record review from 9:30 a.m. to 11:40 a.m. on 07/02/15, documentation for the first shift fire drill conducted on 01/29/15 at 7:30 a.m. indicated the drill was conducted after 6:00 a.m. but before 9:00 p.m. and did not include activation of the fire alarm system and transmission of the fire alarm signal. The aforementioned Logbook Documentation stated "It was a silent fire drill" and "Silent Fire Drill" in response to "Person contacted to verify signal." The aforementioned Fire Drill Report documentation stated "No" in response to "Drill initiated by activation of alarm?" Based on interview at the time of record review, the Maintenance Director acknowledged documentation for the aforementioned first shift fire drill conducted after 6:00 a.m. but before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire		review to assure all Fire Drillsmeet the regulatory requirements and to assure that only non-activation drillsare in the timeframe of 9:00 p.m. and 6:00 a.m. Results will be reported to the Safety Committee on a monthly basis forfurther recommendations.	

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	alarm signal. 3.1-19(b) 3.1-51(c)			
K 0076 SS=E Bldg. 03	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 Based on observation and interview, the facility failed to ensure 1 of 3 oxygen storage locations of greater than 3000 cubic feet were enclosed with a separation of 1 hour fire resistive construction. This deficient practice could affect 24 residents and any staff or visitor in the vicinity of the oxygen storage room for the facility's piped gas system by the 300 Hall charting room.	K 0076	The hole that was in the Oxygen Storage Room wall thatmeasured 6”X8” was cut out and replaced with Fire Rated drywall. See attached pictures. All residents were potentially affected by the allegeddeficient practice and when reviewing all residents there were no negativeoutcomes. The Maintenance Director or designee will inspect the wallto assure the wall is safely intact on a monthly basis and report results tothe	07/22/2015

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	Findings include: Based on observation with the Maintenance Assistant at 1:50 p.m. on 07/02/15, a six inch by eight inch hole was noted in the west wall of the oxygen storage room for the piped gas system by the 300 Hall charting room. Four 180 liter capacity per tank liquid oxygen containers were observed in the room and in use or available for use for the facility's piped medical gas system in the 100 Hall and the 300 Hall. Based on interview at the time of observation, the Maintenance Assistant stated the liquid oxygen delivery contractor most likely damaged the drywall during delivery or pickup of the containers and acknowledged the aforementioned hole in the west wall of the oxygen storage room for the facility's piped gas system did not provide one hour fire resistive construction. 3.1-19(b)		Safety Committee on a monthly basis to assure the wall is intact.	