STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	(X3) DATE SURVEY COMPLETED
	155198	A. BUILDING 01 / B. WING	07/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARQUETTE	8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260

(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. 01	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: 07/21/16 Facility Number: 000105 Provider Number: 155198 AIM Number: NA Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Marquette was found not in compliance with Requirements for Participation in Medicare, 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. This two story building with a basement was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor, areas open to the corridor and hard wired smoke detectors in resident rooms. The	K 0000		

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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	facility has a capacity of 96 and had a census of 80 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 07/26/16 - DA			
K 0051 SS=F Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire.			

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	The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6 Based on observation and interview, the facility failed to ensure 1 of 7 manual fire alarm boxes on first floor was readily accessible. NFPA 72, The National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so that they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice could affect all residents as well as visitors and staff if the manual pull station could not be readily accessed. Findings include: Based on observation on 07/20/16 at 1:45 p.m. with the Maintenance Supervisor the manual fire alarm pull station located by resident room #111 on first floor was installed on the opposite side of the exit door with electromagnetic locks. In order to access the pull station a code must be entered to release the electromagnetic lock and thereby access the pull station. Based on interview on 07/20/16 concurrent with the Maintenance Supervisor it was acknowledged the pull station could not be readily accessed without first entering the code which would release the electromagnetic	K 0051	**1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency.** A manual fire alarm box has been installed in a readily accessible area on the path of exit from the first floor area identified in the survey. The newly installed pull station is located directly before the electromagnetic doors outside of resident room 110. The newly installed pull station eliminates the need to go through the doors to reach a pull station on the other side. Photos of the pull station and its location in relation to the exit are attached as well as documentation of the proof of installation. Additionally, a second manual fire alarm box pull station has been installed on the opposite side of the electromagnetic doors. Documentation of installation is also included. **2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected.** The deficient practice had the potential to affect all residents as well as visitors and staff if the manual pull station could not be	07/25/2016

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	locking device on the door. 3.1-19(b)		readily accessed. No residents were found to have been affected by the alleged deficient practice. **3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made.** Installation of the pull station is permanent. Pull station function will be tested during regular quarterly systems checks by the vendor to insure proper functioning. **4. Describe 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.** Pull station installation is permanent and will be included in the systemic testing of the fire detection, alarm, and suppression systems on a quarterly basis by our vendor and on a monthly basis pursuant to our fire drill testing. **Compliance Date:** 7/25/16	