

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155286	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2016
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NAME OF PROVIDER OR SUPPLIER AVALON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 KINGSTON CIR LIGONIER, IN 46767
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K 0000 Bldg. 01	<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: 07/13/16</p> <p>Facility Number: 000184 Provider Number: 155286 AIM Number: 100267210</p> <p>At this Life Safety Code survey, Avalon 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 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 corridor and areas open to the corridors. Battery operated smoke detectors have been installed in the resident rooms. The facility has a capacity of 67 and had a census of 56 at the time of this survey.</p>	K 0000	<p>The facility requests that this plan of correction be considered its credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We respectfully request a desk review for compliance instead of a post visit review on or before August 12, 2016.</p>	
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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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K 0018 SS=D Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/14/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Beauty Shop doors protecting a corridor opening was held open with a device that release when the door is pushed or pulled. This deficient practice could affect 2 residents</p>	K 0018	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Door wedge that was holding open beauty shop door was</p>	08/12/2016

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K 0025 SS=D Bldg. 01	<p>in the Beauty Shop.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Administrator on 07/13/16 at 11:00 a.m., the corridor door to the Beauty Shop was held open with a door wedge not allowing the door to be closed when pushed or pulled. Based on interview at the time of observation, this was acknowledged by the Administrator.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in</p>		<p>removed.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·Anyone that utilizes the beauty shop has the potential to be affected by this finding. Door wedge or impediment will be immediately removed if found to be in use.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>·Maintenance director to install device that will allow beauty shop door to be released when the door is pushed or pulled.</p> <p>How will the corrective action be monitored to ensure the deficient practice willnot occur?</p> <p>·Maintenance director and or designee will monitor through daily rounds, while maintenance director and or designee is in the facility, and make sure that the beauty shop door is not held open by devices that do not release when pushed or pulled upon.</p> <p>By what date the systemic changes will be completed?</p> <p>·August 12, 2016</p>		

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	<p>accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames.</p> <p>8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect 2 residents in room 201.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Administrator on 07/13/16 at 10:30 a.m., in room 201 there was an unsealed penetration measuring a half of an inch around a sprinkler head. Based on interview at the time of observation, the Administrator acknowledged and provided the measurement of the penetration.</p> <p>3.1-19(b)</p>	K 0025	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Sprinkler head adjusted to cover the penetration that measured half of an inch around the sprinkler head. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·This finding has the potential to affect 2 residents in room 201. If there is a penetration found, maintenance director and or designee to adjust to seal the penetration. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Maintenance director to be educated by ED that all penetrations in smoke barriers need sealed to ensure compliance is met. <p>How will the corrective action be monitored to ensure the deficient practice will not occur?</p> <ul style="list-style-type: none"> ·Maintenance director and or 	08/12/2016	

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K 0147 SS=D Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords such as an extension cord was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 resident in the Beauty Shop.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Administrator on 07/13/16 at 11:15 a.m., in the Beauty Shop, a regular light weight extension cord was plugged into a second regular light weight extension cord providing power for clippers. Based on interview,</p>	K 0147	<p>designee to complete a whole house audit on smoke barriers in resident rooms to ensure 100% compliance and report results to monthly CQI meeting.</p> <p>By what date the systemic changes will be completed? ·August 12, 2016</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? ·Extension cords removed from beauty shop.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? ·Anyone that utilizes the beauty shop has the potential to be affected by this finding. If extension cord is found to be in use will be removed immediately.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? ·Surge protectors purchased and extension cords removed from beauty shop.</p> <p>How will the corrective action be monitored to ensure the</p>	08/12/2016	

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	this was acknowledged by the Administrator during exit conference. 3.1-19(b)		deficient practice will not occur? ·Maintenance director and or designee will monitor through daily rounds, while maintenance director and or designee is in the facility, that beauty shop is not utilizing any flexible cords used as a substitute for fixed wiring. By what date the systemic changes will be completed? ·August12, 2016		