

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155167	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/26/2013
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236
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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: 08/26/13</p> <p>Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village North 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, and 410 IAC 16.2. Building 0101 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as three separate buildings due to the construction dates of three sections of the building. Building 0101 built in 1974 was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with</p>	K010000	Submission of this plan of correction shall not constitute or be construed as an admission by Westminster Village North that the allegations contained in this survey report are accurate or reflect accurately the services to the Residents at Westminster Village North.	

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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	<p>smoke detection in the corridors and in all areas open to the corridor. Building 0101 resident sleeping rooms were provided with battery operated smoke detectors. The facility has a capacity of 123 and had a census of 93 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/03/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure openings through 1 of 11 smoke barriers were protected to maintain the smoke resistance of each smoke barrier. This deficient practice could affect 18 residents, staff and visitors near Room 310.</p> <p>Findings include:</p> <p>Based on observation with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services at 2:00 p.m. during a tour of the facility on 08/26/13, there were three holes in the smoke barrier wall in the attic above the corridor by Room 310. One hole measured eight inches in diameter and had ten electrical cables passing through the opening which was not smoke resistant. The one inch annular spaces surrounding two three inch in diameter pipes passing through the</p>	K010025	<p>This building is new and has been opened for a period of approximately two months. Upon discovery of this with the surveyor, the construction company that managed this project was contacted so as to work with the responsible sub-contractor to make the necessary repairs. The construction management company was notified of the need to fill the hole penetrations in the IT closet where the cables pass into plastic conduit with firestop. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring that any penetrations are filled according to Life Safety Code standards. He will monitor work being done by outside vendors to make sure they maintain the integrity of the smoke barrier wall according to requirement. The construction management company was also made aware of their need to view</p>	09/25/2013			

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	<p>aforementioned smoke barrier wall were not smoke resistant. Based on interview at the time of observation, the Manager of Plant Operations acknowledged the aforementioned openings failed to maintain the smoke resistance of the smoke barrier wall in the attic above the corridor by Room 310.</p> <p>3.1-19(b)</p>		<p>work being completed by their sub-contractors to ensure rquirements are met. The Director of Campus Environment will ensure that the Plant Operations Manager will complete appropriate visual inspections of work being done by outside vendors.</p>	

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K010029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 3 of 13 doors serving hazardous areas such as storage rooms greater than fifty square feet in size and used to store combustible materials are provided with functional self closing devices to close and latch each door into the door frame. This deficient practice could affect 30 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services during a tour of the facility from 1:00 p.m. to 4:45 p.m. on 08/26/13, the following was noted:</p> <p>a. Room 516 measured 200 square feet in size and was being used to store excess furniture, supplies and plastic crates. The</p>	K010029	<p>Immediately following the survey, self-closing devices were installed to each of the doors which included one (new) furniture storage room and two clean linen rooms. An inspection of all other rooms, even if not considered hazardous, was made and closures were installed to meet the intent of the deficiency. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring that proper devices are installed on doors to hazardous areas in accordance to Life Safety Code standards. In addition, the inspection of such doors was added to the Safety Inspection sheets that are conducted every other month by members of the Safety Committee. Their responsibility is to ensure proper operation of any door closure and that the door positively latches. The Director of Campus</p>	09/25/2013			

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	<p>corridor access door was not equipped with a self closing device to close and latch the door into the door frame.</p> <p>b. The linen storage room by the Sunnyside Wing Nurses Station measured 72 square feet and the linen storage room by the Riley Wing Nurses Station measured 99 square feet. The corridor access door to each of the aforementioned linen storage rooms was equipped with self closing hinges but the hinges did not function to self close and latch each door into the door frame.</p> <p>Based on interview at the time of the observations, the Manager of Plant Operations acknowledged each of the aforementioned hazardous areas access doors was not equipped with a functional self closing device to close and latch each door into the door frame.</p> <p>3.1-19(b)</p>		Environment with the Plant Operations Manager will ensure compliance.	

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K010052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>1. Based on record review and interview, the facility failed to document annual testing of the facility fire alarm system. NFPA 72, 7-3.2 refers to fire alarm component testing frequencies in Table 7-3.2 which requires an annual fire alarm system test. Section 7-5.2 requires a permanent record of all inspections, testing and maintenance shall be provided that includes information requested in Figure 7-5.2.2. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of Aadco Alarm & Communication Systems "Inspection and Testing" documentation dated 06/15/12 during record review with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services from 9:10 a.m. to 12:00 p.m. on 08/26/13, documentation of a fire alarm system inspection within the last twelve months was not available for review. Based on interview at the time of</p>	K010052	<p>1) Following the inspection, Aadco Alarm & Communication Systems was notified so as to schedule an immediate appointment to have the annual testing of the facility fire alarm system. This testing has been completed. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring compliance with this standard. It was added to the maintenance Worxhub Program and a reminder of compliance will electronically notify the Plant Operations Manager of the inspection due date before the years end. The Director of Campus Environment with the Plant Operations Manager will ensure that the schedule is followed in accordance to the standard requirement. 2) Following the inspection, Aadco Alarm & Communication Systems was notified. An inspection has been scheduled to complete the smoke detector two (2) year sensitivity testing. Please note that this area is considered an Administrative wing to which residents do not reside. No</p>	09/25/2013	

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	<p>record review, the Manager of Plant Operations stated no additional fire alarm system device inspection reports for the last year were available for review and acknowledged documentation of a fire alarm system inspection within the last twelve months was not available for review.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure 116 of 116 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p>		<p>residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring compliance with this standard. It was added to the maintenance Worxhub Program and a reminder of compliance will electronically notify the Plant Operations Manager of the inspection due date before the required timeframe. The Director of Campus Environment with the Plant Operations Manager will ensure that the schedule is followed in accordance to the standard required.</p>	

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	<p>To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Aadco Alarm & Communication Systems "Inspection and Testing" sensitivity testing documentation dated 07/15/11 during record review with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services from 9:10 a.m. to 12:00 p.m. on 08/26/13, smoke detector sensitivity testing documentation</p>			
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	<p>for the most recent two year period was not available for review. Based on interview at the time of record review, the Manager of Plant Operations stated documentation of smoke detector sensitivity testing in the last two years was not available for review and acknowledged it has been more than two years since facility smoke detectors were sensitivity tested.</p> <p>3.1-19(b)</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a sprinkler head was installed in 1 of 8 closets in the Riley East Wing to provide coverage for all portions of the building. This deficient practice could affect 8 residents, staff and visitors in the vicinity of Room 124.</p> <p>Findings include:</p> <p>Based on observation with the Director of Campus Environment and the Manager of Environmental Services during a tour of the facility from 1:00 p.m. to 4:45 p.m. on 08/26/13, the closet on the window side of Room 124 was not sprinklered. Based on interview at the time of observation, the Director of Campus Environment and the Manager of Environmental Services acknowledged the aforementioned closet</p>	K010056	<p>Bids have been obtained and a contractor secured. The (1) automatic sprinkler head in the closet of Room 124 has been scheduled for installation. Futhermore, all other closets were inspected to ensure sprinkler heads had been installed per requirement in each closet. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring compliance with this standard, in particular when a vendor is conducting the work as in this case. It will be the job of the Plant Operations Manager to go behind the outside vendor to visually inspect their work to ensure compliance with this standard. The Director of Campus Environment with the Plant Operations Manager will ensure this standard is met once an outside vendor has completed</p>	09/25/2013

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	in Room 124 was not provided with a sprinkler head. 3.1-19(b) 3.1-19(ff)		their work.	

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K010062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>1. Based on record review, observation and interview; the facility failed to ensure quarterly sprinkler inspections were conducted for the sprinkler system for 1 of 4 calendar quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code to be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of SimplexGrinnell "Report of Inspection" documentation dated 06/14/13, 04/11/13 and 12/10/12 with the Manager of Plant Operations, Director of Campus Environment and the</p>	K010062	<p>Following the inspection, Simplex Grinnel was notified that the 1st quarter inspection of the sprinkler system testing was not conducted. When they arrived in the first quarter, the campus had experienced a power interruption which prevented them from completing their scheduled inspection and as a result it fell in the following month/quarter of April. Please note that the following 2nd and 3rd quarter had been completed per requirement. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring compliance with this standard. It was added to the maintenance Worxhub Program and a reminder of compliance will electronically notify the Plant Operations Manager of the inspection due date before the quarters end. The Director of Campus Environment with the Plant Operations Manager will ensure that the schedule is followed in accordance to the standard required.</p>	09/25/2013	

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	<p>Manager of Environmental Services during record review from 9:10 a.m. to 12:00 p.m. on 08/26/13, the first quarter (January, February, March) 2013 sprinkler system inspection report was not available for review. Based on observations with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services during a tour of the facility from 1:00 p.m. to 4:45 p.m. on 08/26/13, calendar quarter sprinkler inspection tags affixed by SimplexGrinnell to three sprinkler system risers did not document a first quarter 2013 inspection. Based on interview at the time of record review and of the observations, the Manager of Plant Operations acknowledged the first quarter 2013 sprinkler system inspection report was not available for review.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was maintained in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. LSC 9.7.1 states all automatic sprinkler systems shall be maintained in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 states</p>			

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	<p>sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect 18 residents, staff and visitors near Room 310.</p> <p>Findings include:</p> <p>Based on observation with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services at 2:00 p.m. during a tour of the facility on 08/26/13, a thirty foot section of two inch sprinkler pipe in the attic above the corridor by Room 310 had one "plenum cable" attached to the sprinkler pipe. Based on interview at the time of the observation, the Manager of Plant Operations acknowledged the aforementioned sprinkler pipe location had a plenum cable attached to the sprinkler pipe.</p> <p>3.1-19(b)</p>				

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K010130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 6 exit access corridors were kept in safe operating condition during facility construction. LSC 19.1.1.4.6 references Section 4.6.10 for facility construction, repair and improvement operations. 4.6.10 states building or portions of buildings shall be permitted to be occupied during construction only where required means of egress and required fire protection features are in place and continuously maintained for the portion occupied or where alternative life safety measures acceptable to the authority having jurisdiction are in place. This deficient practice could affect twenty residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services during a tour of the facility from 1:00 p.m. to 4:45 p.m. on 08/26/13, ongoing building construction by Room 410 has rendered one of two Sunnyside Wing corridor exits impassible, has created a dead end corridor of 70 feet in length and it now</p>	K010130	<p>A door has been installed at the end of the 400 hallway on the Sunnyside Unit as a secondary means of egress. Outside of this exit door, plywood has been temporarily laid so as to create a solid surface making a path of egress in the event of an evacuation. Permanent pavement will be poured by 9/27/13. An electrician has installed a 2 bulb light fixture on the outside of the door that is hooked up to an emergency generator with photo cell making it operational should the power be interrupted. The electrician has installed the interior "exit" sign. The power supply, keypad, and maglock has also been installed and connected to the fire alarm system which will allow it to unlock if the fire alarm system is activated. A door closer has been installed to the door to ensure that it positively latches. During this process fire watches were conducted until all of the work had been completed. No residents were affected.</p>	09/25/2013			

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	<p>has only one exit for the aforementioned corridor. Based on interview at the time of observation, the Manager of Plant Operations stated construction would continue until Spring 2014 and acknowledged one of two Sunnyside Wing corridor exits is impassible and a dead end corridor of 70 feet in length was created by the ongoing construction.</p> <p>3.1-19(b)</p>			

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K030000	<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: 08/26/13</p> <p>Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village North 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, and 410 IAC 16.2. Building 0103 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility surveyed as three separate buildings due to the construction dates of three sections of the building. The Administration Wing, identified as Building 0103, built in 2005 was determined to be of Type V (111) construction and fully sprinklered. The</p>	K030000	Submission of this plan of correction shall not constitute or be construed as an admission by Westminster Village North that the allegations contained in this survey report are accurate or reflect accurately the services to the Residents at Westminster Village North.	
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	<p>facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor, however there are no sleeping rooms in this section. The facility has a capacity of 123 and had a census of 93 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K030052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>1. Based on record review and interview, the facility failed to document annual testing of the facility fire alarm system. NFPA 72, 7-3.2 refers to fire alarm component testing frequencies in Table 7-3.2 which requires an annual fire alarm system test. Section 7-5.2 requires a permanent record of all inspections, testing and maintenance shall be provided that includes information requested in Figure 7-5.2.2. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of Aadco Alarm & Communication Systems "Inspection and Testing" documentation dated 06/15/12 during record review with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services from 9:10 a.m. to 12:00 p.m. on 08/26/13, documentation of a fire alarm system inspection within the last twelve months was not available for review. Based on interview at the time of</p>	K030052	<p>1) Following the inspection, Aadco Alarm & Communication Systems was notified so as to schedule an immediate appointment to have the annual testing of the facility fire alarm system. This testing has been completed. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring compliance with this standard. It was added to the maintenance Worxhub Program and a reminder of compliance will electronically notify the Plant Operations Manager of the inspection due date before the years end. The Director of Campus Environment with the Plant Operations Manager will ensure that the schedule is followed in accordance to the standard requirement. 2) Following the inspection, Aadco Alarm & Communication Systems was notified. An inspection has been scheduled to complete the smoke detector two (2) year sensitivity testing. Please note that this area is considered an Administrative wing to which residents do not reside. No</p>	09/25/2013	

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	<p>record review, the Manager of Plant Operations stated no additional fire alarm system device inspection reports for the last year were available for review and acknowledged documentation of a fire alarm system inspection within the last twelve months was not available for review.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview; the facility failed to ensure 116 of 116 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p>		<p>residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring compliance with this standard. It was added to the maintenance Worxhub Program and a reminder of compliance will electronically notify the Plant Operations Manager of the inspection due date before the required timeframe. The Director of Campus Environment with the Plant Operations Manager will ensure that the schedule is followed in accordance to the standard required.</p>	

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	<p>To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Aadco Alarm & Communication Systems "Inspection and Testing" sensitivity testing documentation dated 07/15/11 during record review with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services from 9:10 a.m. to 12:00 p.m. on 08/26/13, smoke detector sensitivity testing documentation</p>			
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	<p>for the most recent two year period was not available for review. Based on interview at the time of record review, the Manager of Plant Operations stated documentation of smoke detector sensitivity testing in the last two years was not available for review and acknowledged it has been more than two years since facility smoke detectors were sensitivity tested.</p> <p>3.1-19(b)</p>			

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K030062 SS=F	<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, observation and interview; the facility failed to ensure quarterly sprinkler inspections were conducted for the sprinkler system for 1 of 4 calendar quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code to be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of SimplexGrinnell "Report of Inspection" documentation dated 06/14/13, 04/11/13 and 12/10/12 during record review with the Manager of Plant Operations, Director of Campus</p>	K030062	<p>Following the inspection, Simplex Grinnel was notified that the 1st quarter inspection of the sprinkler system testing was not conducted. When they arrived in the first quarter, the campus had experienced a power interruption which prevented them from completing their scheduled inspection and as a result it fell in the following month/quarter of April. Please note that the following 2nd and 3rd quarter had been completed per requirement. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring compliance with this standard. It was added to the maintenance Worxhub Program and a reminder of compliance will electronically notify the Plant Operations Manager of the inspection due date before the quarters end. The Director of Campus Environment with the Plant Operations Manager will ensure that the schedule is followed in accordance to the standard required.</p>	09/25/2013	

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	<p>Environment and the Manager of Environmental Services from 9:10 a.m. to 12:00 p.m. on 08/26/13, the first quarter (January, February, March) 2013 sprinkler system inspection report was not available for review. Based on observations with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services during a tour of the facility from 1:00 p.m. to 4:45 p.m. on 08/26/13, calendar quarter sprinkler inspection tags affixed by SimplexGrinnell to three sprinkler system risers did not document a first quarter 2013 inspection. Based on interview at the time of record review and of the observations, the Manager of Plant Operations acknowledged the first quarter 2013 sprinkler system inspection report was not available for review.</p> <p>3.1-19(b)</p>			

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K050000	<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: 08/26/13</p> <p>Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village North 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, and 410 IAC 16.2. Building 0105 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility with a partial basement identified as Building 0105 was constructed in 2013. The 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 in all</p>	K050000	Submission of this plan of correction shall not constitute or be construed as an admission by Westminster Village North that the allegations contained in this survey report are accurate or reflect accurately the services to the Residents at Westminster Village North.				

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	<p>areas open to the corridor. Building 0105 has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 123 and had a census of 93 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K050025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers were maintained to provide the one hour fire resistance rating of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so that the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect fifteen residents, staff or visitor in the electrical room by the nurses station by Room 3282.</p> <p>Findings include:</p> <p>Based on observation with the Manager of Plant Operations, Director of Campus Environment and the Manager of</p>	K050025	<p>This building is new and has been opened for a period of approximately two months. Upon discovery of this with the surveyor, the construction company that managed this project was contacted so as to work with the responsible sub-contractor to make the necessary repairs. The construction management company was notified of the need to fill the hole penetrations in the IT closet where the cables pass into plastic conduit with firestop. No residents were affected. Going forward, the Plant Operations Manager will be responsible for ensuring that any penetrations are filled according to Life Safety Code standards. He will monitor work being done by outside vendors to make sure they maintain the integrity of the smoke barrier wall according to requirement. The construction management company was also made aware of their need to view</p>	09/25/2013	

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	<p>Environmental Services during a tour of the facility from 1:00 p.m. to 4:45 p.m. on 08/26/13, the ceiling smoke barrier in the electrical room by the nurses' station by Room 3282 had two four inch in diameter plastic conduit pipes each containing twenty cables passing through the ceiling into the attic which were not firestopped. Based on interview at the time of observation, the Director of Campus Environment and the Manager of Environmental Services acknowledged each of the aforementioned openings in the ceiling smoke barrier in the electrical room by the nurses' station by Room 3282 were not firestopped.</p> <p>3.1-19(b)</p>		<p>work being completed by their sub-contractors to ensure requirements are met. The Director of Campus Environment will ensure that the Plant Operations Manager will complete appropriate visual inspections of work being done by outside vendors.</p>		

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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236			
(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			
K050051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 4 of 24 resident sleeping room smoke detectors in the Cedar Commons Wing would provide effective warning of fire. This deficient practice could affect twelve residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Manager of Plant Operations, Director of Campus Environment and the Manager of Environmental Services during a tour of the facility from 1:00 p.m. to 4:45 p.m. on 08/26/13, Room 3280 and Room 3281 in the Cedar Commons Wing are each a suite with two separate sleeping rooms</p>	K050051	<p>Due to this building only being open two months, our construction management company was notified immediately upon discovery and the red dust covers were removed within 10 minutes after its discovery. To note, there were only 2 smoke detectors with red dust covers verses 4 and only 2 residents occupied the suites, not 4. No residents were affected. A visual audit was done immediately during the survey by the Director of Campus Environment to ensure there were no other smoke detectors covered in this area. None were noted as a result of this immediate audit. Going forward, the Plant Operations Manager will be responsible for ensuring that</p>	09/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155167	X2) MULTIPLE CONSTRUCTION A. BUILDING 05 B. WING _____	X3) DATE SURVEY COMPLETED 08/26/2013
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	<p>per suite. Each of the four smoke detectors in the aforementioned sleeping rooms had a red cover installed on the detector preventing the detector from activation. Based on interview at the time of observation, the Director of Campus Environment and the Manager of Environmental Services stated the Cedar Commons Wing opened in June 2013, there has been no construction or remodeling of Room 3280 and Room 3281 after June 2013 and acknowledged the aforementioned sleeping rooms had a red cover installed on the detector preventing activation of the detector.</p> <p>3.1-19(b)</p>		<p>when new buidings are opened that the red dust covers are removed from the detectors. In addition, the construction management company is aware of this need as well, and will inspect as applicble going forward. The Director of Campus Environment with the Plant Operations Manager will ensure compliance by monitoring as applicable.</p>	