STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155783	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 11/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENLEAF HEALTH CAMPUS	1201 E BEARDSLEY ELKHART, IN 46514

(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
K020000	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: 11/18/14 Facility Number: 002661 Provider Number: 155783 AIM Number: 201056540 Surveyor: Brett Overmyer Life Safety Code Specialist At this Life Safety Code survey, Greenleaf Health Campus was found in substantial 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) 2000 Edition, Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The building was constructed in 2010, is adjacent to an assisted living unit and separated by a two hour rated fire wall. The facility has	K020000	Please accept the enclosed information as Greenleaf Health Campus Plan of Correction for the annual survey 11/18/14. Please contact me with any questions or concerns. Judy Plantinga Administrator	

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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NAME OF PROVIDER OR SUPPLIER GREENLEAF HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 E BEARDSLEY ELKHART, IN 46514	

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	a fire alarm system with smoke detection in corridors, in areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 60 and had a census of 54 at the time of this survey. All areas where the residents have customary access were sprinklered. The facility had an unsprinklered garage providing storage of maintenance supplies. Quality Review by Dennis Austill, Life Safety Code Specialist on 11/25/14. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			
K020076 SS=B	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			

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	Based on observation and interview, the facility failed to ensure 5 of 9 cylinders of nonflammable gases such as carbon dioxide were properly chained or supported in a proper cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraint shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect anyone in the kitchen smoke compartment where the main dining room was located with the capacity for more than 20 residents. Findings include: Based on observation on 11/18/14 during a tour from 2:00 p.m. and 3:30 p.m. with the Director of Plant Operations and the Administrator,the facility failed to secure 5 of 9 carbon dioxide cylinders standing in the kitchen. The director of plant operations and administrator agreed at the time of observation, the cylinders should have been in a rack or properly secured with the chain provided. 3.1-19(b)	K020076	No residents or staff were negatively affected by the non-flammable gas cylinders being properly secured. A new longer adjustable chain is now in place to hold all non-flammable gas cylinders in the kitchen. Chain can be adjusted to accomadate more or less cycliners securely. Dietary staff educated on the need to keep cylinders secured with chain. Director of Food service and or Maintenance Director will check on regular weekly audits that all cyclinders are secured with chain correctly to prevent any falls of the cyclinders. The audits will be discussed monthly at Quality Assurance Meeting to ensure they are consistenly secured with the chain, and if there are no issues reported consider system working and if not do more education.	11/28/2014