

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155606	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2012
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NAME OF PROVIDER OR SUPPLIER WESTSIDE RETIREMENT VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 W 10TH ST INDIANAPOLIS, IN 46234
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/14/12</p> <p>Facility Number: 000497 Provider Number: 155606 AIM Number: 100291530</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Westside Retirement Village was found not in compliance with with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type II (000) construction and fully sprinklered. 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. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility does not have smoke detection in resident sleeping rooms. The facility has a capacity of 132</p>	K0000	<p>Preparation and execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because the provision of federal and state laws require it.</p> <p>K 0000 Environmental and Physical Standards</p> <p>1. Corrective Actions: All residents, staff or visitors, in the facility are affected by the deficient practice of not having battery operated or hard-wired smoke detectors in each resident room. Battery operated smoke detectors were installed in all resident rooms by 8/17/12.</p> <p>2. Other residents having the potential to be affected by the deficient practice: All residents, staff or visitors, in the facility are affected by the deficient practice of not</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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	<p>and had a census of 109 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage. The facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility services such as a garage for storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>		<p>having battery operated or hard-wired smoke detectors in each resident room. Battery operated smoke detectors were installed in all resident rooms by 8/17/12.</p> <p>3. Measures/Systematic changes: Maintenance Director and/ or designee will inspect battery operated smoke detectors in resident rooms monthly. Battery operated smoke detectors inspections will be placed on the facility's preventative maintenance plan (TELS) which includes the routine testing of battery, battery replacement and annual cleaning.</p> <p>4. Corrective actions monitoring: Executive Director and Maintenance Director will review results of monthly inspections at monthly Safety committee for three consecutive months, then quarterly thereafter.</p> <p>5. Date completed: August</p>		

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to install smoke detectors in 75 of 75 resident sleeping rooms before July 1, 2012. This deficient practice could affect 109 residents in the facility.</p> <p>Findings include: Based on observations with the</p>	K9999	<p>Preparation and execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because the provision of federal and state laws require it.</p> <p>K 9999 Environmental and Physical Standards</p> <p>1. Corrective Actions: All residents, staff or visitors, in the facility are affected by the deficient practice of not having battery operated or hard-wired smoke detectors in each resident room. Battery operated smoke detectors were installed in all resident rooms by 8/17/12.</p> <p>2. Other residents having the potential to be affected by the deficient practice: All residents, staff or visitors, in the facility are affected by the deficient practice of not</p>	08/17/2012			

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	<p>Maintenance Assistant during a tour of the facility from 2:00 p.m. to 3:10 p.m. on 08/14/12, a smoke detector was not installed in each of the 75 resident sleeping rooms in the facility. Based on interview at the time of the observations, the Maintenance Assistant acknowledged a smoke detector was not installed in the resident sleeping rooms in the facility.</p> <p>3.1-19(ff)</p>		<p>having battery operated or hard-wired smoke detectors in each resident room. Battery operated smoke detectors were installed in all resident rooms by 8/17/12.</p> <p>3. Measures/Systematic changes: Maintenance Director and/ or designee will inspect battery operated smoke detectors in resident rooms monthly. Battery operated smoke detectors inspections will be placed on the facility's preventative maintenance plan (TELS) which includes the routine testing of battery, battery replacement and annual cleaning.</p> <p>4. Corrective actions monitoring: Executive Director and Maintenance Director will review results of monthly inspections at monthly Safety committee for three consecutive months, then quarterly thereafter.</p> <p>5. Date completed: August</p>		

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