

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155836	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/02/2016
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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND TRACE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1925 REEVES ROAD PLAINFIELD, IN 46168
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K 0000  Bldg. 01	<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: 06/02/16</p> <p>Facility Number: 013455 Provider Number: 155836 AIM Number: 201293440</p> <p>At this Life Safety Code survey, Cumberland Trace Health and Living Community was found not in compliance with Requirements for Participation 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridors and has hard wired smoke detectors installed in all resident rooms. The facility has a capacity of 104 and had</p>	K 0000		
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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=E Bldg. 01	<p>a census of 100 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached storage building which was not sprinklered.</p> <p>Quality Review completed on 06/06/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. 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 positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches shall be prohibited. 18.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 100 corridor doors did not have an impediment to closing and latching. This deficient practice could affect 10 residents, staff and visitors in the vicinity of the Assisted Living Activities Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the</p>	K 0018	<p><b>K 018: Activities room corridor door had an impediment to closing and latching into door frame;</b> Door wedge has been removed. In service training with all staff has been provided on 6/13/16 concerning the effects of doors being prop open and how this impediment can breach the protection provided by fire doors and fire walls.</p>	06/17/2016

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K 0045 SS=E Bldg. 01	<p>facility from 12:40 p.m. to 3:30 p.m. on 06/02/16, the corridor door to the Assisted Living Activities Room by the common wall with Assisted Living had a door wedge placed on the floor to prop the door in the fully open position. Based on interview at the time of observation, the Maintenance Director stated comprehensive care residents have customary access to the Assisted Living Activities Room and acknowledged the aforementioned corridor door had an impediment to closing and latching into the door frame.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture will not leave the area in darkness. Lighting system shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8, 7.8</p> <p>Based on observation and interview, the facility failed to ensure lighting for 1 of 8 exit means of egress, including exit discharge, was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect 11 residents, staff and visitors if needing to exit the facility by the Cherished</p>	K 0045	<p><b>K 045: Illumination of means of egress;</b> Cherish memories exit discharge light has been changed from a single bulb lamp to a dual (2) bulb lighting fixture by Ermco Electrical Contractors. Effective 6/15/16</p>	06/15/2016

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K 0052 SS=F Bldg. 01	<p>Memories exit identified as 7W.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 12:40 p.m. to 3:30 p.m. on 06/02/16, the Cherished Memories exit discharge to the exterior of the facility identified as 7W was equipped with one lighting fixture with one light bulb. Based on interview at the time of observation, the Maintenance Director acknowledged the 7W exit discharge was equipped with one lighting fixture with one light bulb.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA70 and 72. 9.6.1.4, 9.6.1.7, 1. Based on record review, observation and interview; the facility failed to ensure documentation of annual functional testing for all facility smoke detectors</p>	K 0052	<b>K 062: Automaticsprinkler system inspection/testing;</b> Quarterly Fire sprinkler inspection:the fire sprinkler inspection was completed on	06/17/2016

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	<p>was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors are tested annually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Siemens Building Technologies "Fire Alarm System Certificate of Completion" documentation dated 04/07/15 and "Inspection and Testing Form" documentation dated 04/25/16 with the Maintenance Director during record review from 9:20 a.m. to 11:55 a.m. on 06/02/16, it could not be assured all facility duct detectors were documented as being functional tested annually. The "Fire Alarm System Certificate of Completion" stated two duct detectors were located in the facility and had initial acceptance testing but did not list each duct detector location. Siemens 04/25/16 annual functional testing documentation did not list duct detectors as being functionally tested. Based on observation with the Maintenance Director during a tour of the facility from 12:40 p.m. to 3:30 p.m. on 06/02/16, no duct detectors were observed located in the facility. Based on interview at the time of record</p>		(Specifically the water flowalarm devices) These inspections are set up to take place every quarter. Firstquarter was completed 4/25/16. Themaintenance Director has been in-serviced on the testing requirements for Firesprinkler system and notifications have been entered into the TELS automatedmaintenance system.	

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	<p>review and at the time of observation, the Maintenance Director stated he was unaware if duct detector were installed in the facility and acknowledged it could not be assured all facility duct detectors were documented as being functional tested annually.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure all 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 that 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. To ensure that each smoke detector is</p>			

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	<p>within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method</li> <li>(2) Manufacturer's calibrated sensitivity test instrument</li> <li>(3) Listed control equipment arranged for the purpose</li> <li>(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</li> <li>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction</li> </ol> <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 Siemens Building Technologies "Fire Alarm System Certificate of Completion" documentation dated 04/07/15 and "Inspection and Testing Form" documentation dated 04/25/16 with the Maintenance Director during record review from 9:20 a.m. to 11:55 a.m. on 06/02/16, it could not be assured all facility duct detectors were documented</p>			

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K 0062 SS=F Bldg. 01	<p>as being sensitivity tested within one year of installation. The "Fire Alarm System Certificate of Completion" stated two duct detectors were located in the facility and had initial acceptance functional testing but did not list each duct detector location. Siemens 04/25/16 sensitivity testing documentation did not list duct detectors as being sensitivity. Based on observation with the Maintenance Director during a tour of the facility from 12:40 p.m. to 3:30 p.m. on 06/02/16, no duct detectors were observed located in the facility. Based on interview at the time of record review and at the time of observation, the Maintenance Director stated he was unaware if duct detector were installed in the facility and acknowledged it could not be assured all facility duct detectors were documented as being sensitivity tested within one year of installation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on record review, observation and interview; the facility failed to ensure</p>	K 0062	<b>K 052: Fire alarm system sensitivitydocumentation;</b>	06/17/2016

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	<p>quarterly sprinkler inspections were conducted for the sprinkler system for 2 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.</p> <p>Findings include:</p> <p>Based on review of J.A. Fire Protection Systems "Report of Inspection" documentation dated 01/22/16 and Siemens Building Technologies "Report of Fire Sprinkler Inspection" documentation dated 04/25/16 with the Maintenance Director during record review from 9:20 a.m. to 11:55 a.m. on 06/02/16, documentation of quarterly sprinkler inspection for the third quarter (July, August, September) 2015 and the fourth quarter (October, November, December) 2015 was not available for</p>		<p>FireAlarm system; Sensitivity testing was completed on by Siemens on 4/25/16 and has been entered into the TELS automated Maintenance system to be conducted every(2) years from 4/25/16. The maintenance Director has been in-serviced on the periods of inspection dates from initial installation to 1 year to every 2 years thereafter</p>				

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	<p>review. Based on observation with the Maintenance Director during a tour of the facility from 12:40 p.m. to 3:30 p.m. on 06/02/16, hanging tags affixed to the sprinkler system riser by J.A. Fire Protection Systems and by Siemens Building Technologies to document sprinkler inspections did not indicate a quarterly sprinkler inspection was documented for the third and fourth quarter of 2015. Based on interview at the time of record review and observation, the Maintenance Director acknowledged documentation of quarterly sprinkler inspection for the third quarter (July, August, September) 2015 and the fourth quarter (October, November, December) 2015 was not available for review.</p> <p>3.1-19(b)</p>						
K 0069 SS=D Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities shall be protected in accordance with 9.2.3. 18.3.2.6, 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 hood extinguishing systems in the kitchen was inspected and serviced every six months. NFPA 96, the Standard for Ventilation</p>	K 0069	<p><b>K 069: SemiannualKitchen Hood inspection;</b> the kitchen hood has been inspected on (4/25/16 by Siemens and is set up to beinspected/tested semi-annual.</p>	06/17/2016			

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	<p>Control and Fire Protection of Commercial Cooking Operations, 1999 edition, Section 8-2 requires an inspection and servicing of the fire extinguishing system at least every six months. This deficient practice could affect five staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire &amp; Security "Wet Chemical Acceptance Test Report" documentation dated 04/13/15 and Siemens Building Technologies "Fire Suppression Inspection Report" documentation dated 04/25/16 with the Maintenance Director during record review from 9:20 a.m. to 11:55 a.m. on 06/02/16, documentation of semiannual hood extinguishing systems inspection six months prior to 04/25/16 was not available for review. Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation of semiannual hood extinguishing systems inspection six months prior to 04/25/16 was not available for review.</p> <p>3.1-19(b)</p>		<p>The maintenance Director has been in-serve on the proper maintenance and testing of this system. The testing has been added to the TELS automated maintenancesystem to be completed semi-annual and next scheduled inspection in October 2016.</p>	