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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155727 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/18/2016 |
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| NAME OF PROVIDER OR SUPPLIER STONEBRIDGE HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHAWNEE DR S BEDFORD, IN 47421 |
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|------------------------|---|---------------|---|----------------------|
| K 0000 Bldg. 01 | <p>A Life Safety Code Certification 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: 07/18/16</p> <p>Facility Number: 003924 Provider Number: 155727 AIM Number: 200472040</p> <p>At this Life Safety Code Survey, Stonebridge Health Campus 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 with hard wired smoke detectors in all resident rooms. The facility has a capacity of 68 and had a census of 62 at the time of this visit.</p> | K 0000 | | |

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 0038 SS=E Bldg. 01 | <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review on 07/20/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. 18.2.1, 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 1 of 8 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 18.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 states door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. This deficient practice could affect 10 residents, staff and visitors if needing to exit the facility.</p> | K 0038 | <p>Immediate intervention Director of Plant Operations installed signage at health care exit door stating "Push until alarm sounds, door can be opened in 15 seconds" on 7/19/16. Refer to NFPA 7.2.1.6.2</p> <p>Access-Controlled Egress Door Assemblies. To prevent further deficient practice the following will be put into place. Director of Plant Operations will do weekly checks at exit doors and follow up with the Administrator 1 time per week X 3 months.</p> | 08/17/2016 |

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| | <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations during a tour of the facility from 11:50 a.m. to 2:00 p.m. on 07/18/16, the main entrance door from the facility was marked as a facility exit and was magnetically locked and could be opened at night by entering a four digit code but the code was not posted. At the time of the survey, the door was unlocked and residents, staff and visitors could exit the facility without entering the four digit code to release the door. Based on interview at the time of observation, the Director of Plant Operations stated the main entrance door is unlocked during the day, the door is locked at night, residents with a diagnosis requiring specialized security measures reside in the assisted living portion of the facility and acknowledged the four digit code was not posted at the main entrance to the facility to enable residents, staff and visitors to exit the main entrance smoke compartment in the event of an evacuation at night. A resident without the clinical diagnosis requiring specialized security measures would have to ask a staff member to let them out if they did not know the code.</p> <p>3.1-19(b)</p> | | | |
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| K 0144 SS=F Bldg. 01 | <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted for 12 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner,</p> | K 0144 | <p>Immediate intervention. Director of Plant Operations will create written documentation showing a thirty minute time for the monthly generator load test. To prevent future deficient practice the following will be put into place. Director of Plant Operations will report documentation of load test to Administrator 1 time per month X 12 months.</p> | 08/17/2016 |

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| K 0147 | <p>based on facility operations. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Weekly Generator Test" documentation with the Director of Plant Operations during record review from 9:50 a.m. to 11:50 a.m. on 07/18/16, monthly load testing documentation for the twelve month period of July 2015 through June 2016 did not include the emergency generator was run under load for a minimum of 30 minutes. Based on interview at the time of record review, the Director of Plant Operations stated the emergency generator is run for 45 minutes during monthly load tests but acknowledged monthly load testing documentation for the twelve month period of July 2015 through June 2016 did not include the emergency generator was run under load for a minimum of 30 minutes.</p> <p>3.1-19(b) NFPA 101</p> | | | | |

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| SS=E Bldg. 01 | <p>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 3 of 3 extension cords including power strips were not used as a substitute for fixed wiring. 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. LSC Section 4.5.6 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 1999 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft. (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft. 6 in. (2.3 m) above the floor. NFPA 99, Section 7-5.2.2.1 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care</p> | K 0147 | Immediate intervention. Director of Plant Operations will remove power strips from rooms by 7/18/16. To prevent future deficient practice the following will be put into place. Director of Plant Operations will conduct room inspection 1 time per week X 6 months to ensure power strips no longer in use. | 08/17/2016 | | | |

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| | <p>vicinity. This deficient practice could affect 24 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations during a tour of the facility from 11:50 a.m. to 2:00 p.m. on 07/18/16, the following was noted:</p> <p>a. a ResMed sleep apnea medical device was plugged into a power strip on the floor underneath the resident bed nearest the corridor door in Room 103.</p> <p>b. an America's Best Medical sleep apnea medical device was plugged into a power strip on the floor underneath the resident bed in Room 204.</p> <p>c. a fan, television and telephone charger were plugged into a power strip on the floor within one foot of the resident bed nearest the corridor door in Room 205.</p> <p>Based on interview at the time of the observations, the Director of Plant Operations acknowledged a power strip was being used as a substitute for fixed wiring in the patient care vicinity at the aforementioned three locations.</p> <p>3.1-19(b)</p> | | | | |