

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962
--	---

(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
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/16/12</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Timbercrest Church of Brethren Home was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered except for a canopy attached to the building over the Crestwood wing courtyard exit. The facility has a fire alarm system with hard wired smoke detection in the corridors, areas open to the corridor and in resident rooms. The smoke detectors in the resident rooms in the Crestwood unit provide a visual and audible signal to the nurses station, transmit to a central service station and</p>	K0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 10/16/2012
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN			STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962		
(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	
	<p>connect to the facility fire alarm system. The smoke detectors in resident rooms in the 100, 200, 300 and 400 wings are hard wired with battery backup but only transmitted to a nurse's call paging system. These detectors do not connect to the facility's alarm system. The facility has a capacity of 65 and had a census of 41 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was found in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered, except for an attached canopy, a salon, bank, gift shop, assembly room and chapel all of which were not sprinklered. A corridor leading from the health center to the salon, gift shop, bank and assembly room was also not sprinklered. All areas providing facility services were sprinklered except for a detached maintenance garage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/19/12.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962
--	---

(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
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 ensure 1 of 3 canopies over 4 feet in width and attached to the building were sprinklered and it could not be determined if the canopies were noncombustible. This deficient practice could affect all residents, staff and visitors of the building.</p>	K9999	Required sprinkler heads are in place under the canopy in question. They were installed when the building was constructed and were verified on the pre-occupancy LSC Survey conducted in August, 2011. A copy of this report is attached along with a photograph of one of two sprinkler heads in this area.	11/01/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 10/16/2012
NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN			STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962		
(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	
	<p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a facility tour from 10:25 a.m. to 11:55 a.m. on 10/16/12, one of three canopies exceeding more than four feet in width and attached to the building was not sprinklered. A canopy exceeding 4 feet in width extended over the courtyard entrance/exit in the Crestwood wing. During the observation it could not be determined if the construction materials were noncombustible. Interview with the Director of Maintenance during the observation indicated he believed a waiver was granted as sprinklers were in the original plans but excluded after modifications were made in the assembly to the building wall creating a fire barrier. The Director of Maintenance indicated no documentation was available to determine the canopy's construction material was noncombustible.</p> <p>3.1-19(ff)</p>				