

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/22/2014
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NAME OF PROVIDER OR SUPPLIER  PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060
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K010000	<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: 12/22/14</p> <p>Facility Number: 012305 Provider Number: 155779 AIM Number: 20098790</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Prairie lakes Health Campus was found not in 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), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>The facility consists of two separate one story buildings consisting of the Main Campus building and the Legacy building. Each building is Type V (111) construction and fully sprinklered with a fire alarm system with smoke detection in the corridors, spaces open to the corridors</p>	K010000		

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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K010050 SS=F	<p>and hard wired smoke detectors in all resident rooms in both buildings. The facility has a capacity of 61 and had a census of 53 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/29/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 Based on record review and interview, the facility failed to conduct quarterly fire drills on each shift for 1 of 4 quarters.</p>	K010050	Responses to the cited findings do not constitute an admission or agreement by the facility of the truth of the alleged or conclusion	01/21/2015

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K010056 SS=C	<p>This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 12/22/14 at 2:45 p.m. with the Maintenance Supervisor the third shift of the third quarter of 2014 was not conducted.</p> <p>Based on interview on 12/22/14 during the Fire Drill Report review with the Maintenance Supervisor it was acknowledged there was no other documentation available for review to verify this shift for the third quarter of 2014 had been done.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the</p>		<p>set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law. In response to the cited findings R/T to K050, the following corrective actions were taken:</p> <p>A) With respect to these findings: No residents were adversely affected. B) With respect to how to facility will identify residents with the potential for the identified concern and take corrective action: On 12/29/14 at 10:00pm, 3rd shift a Fire Drill was completed and staff in-serviced. (See attached documents) C) With respect to what systematic measures have been put into place to address the stated concern: The Executive Director will review LSC 18.7.1.2 with Director of Plant Operations to assure we are in compliance. D) With respect to how the plan of corrective measures will be monitored: The Quarterly Fire Drills to be reviewed in QA and by the Executive Director for 6 months. E) Date of compliance with proposed actions: 1/21/2015</p>		

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	<p>facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 steel armover sprinkler pipes observed in the Mechanical riser room was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in the building if the sprinkler system required repair as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 12/22/14 at 12:50 p.m. with the Maintenance Supervisor, the steel sprinkler pipe armover in the Mechanical riser room adjacent to 400 hall was measured to be thirty six inches long and were unsupported:</p> <p>Based on interview on 12/22/14</p>	K010056	<p>In response to the cited findings R/T to K056, the following corrective actions were taken: A) With respect to these findings: No residents were adversely affected. B) With respect to how to facility will identify residents with the potential for the identified concern and take corrective action: A support was placed on both steel armover sprinkler pipes in the Mechanical Riser room accordance with the requirements of NFPA13, section 6-2.3.4 C) With respect to what systematic measures have been put into place to address the stated concern: Both armover sprinkler pipes are now supported. (See attached Pics) D) With respect to how the plan of corrective measures will be monitored: Furthering monitoring is not necessary. E) Date of compliance with proposed actions: 1/21/2015</p>	01/21/2015

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K010062 SS=C	<p>concurrent with the observation with the Maintenance Supervisor it was acknowledged the aforementioned steel sprinkler pipe armoover exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 6 gauges for the sprinkler system were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 12/22/14 at 1:18</p>	K010062	<p>In response to the cited findings</p> <p>R/T to K062, the following corrective actions were taken:</p> <p>A) With respect to these findings:</p> <p>No residents were adversely affected.</p> <p>B) With respect to how to facility will</p> <p>identify residents with the potential</p> <p>for the identified concern and take</p>	01/21/2015

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	<p>p.m. with the Maintenance Supervisor, one pressure gauge on the sprinkler riser system located in the Mechanical riser room adjacent to 400 hall had a manufacturer's date of 2008. Based on Sprinkler Inspection Records review on 12/22/14 at 03:45 p.m., documentation did not reveal the sprinkler system gauge had been calibrated or the date of installation. Based on interview on 12/22/14 at 1:20 p.m. with the Maintenance Supervisor it was acknowledged the pressure gauge had exceeded the five year calibration or replacement limit.</p> <p>3.1-19(b)</p>		<p>corrective action: Pressure gauges on the sprinkler riser system located in the mechanical riser room adjacent to the 400 hall was replaced with 2014 gauges and date recorded installation and calibration.</p> <p>C) With respect to what systematic measures have been put into place to address the stated concern: Gauges were replaced according to NFPA 25, 2-3.2. (See attached invoice)</p> <p>D) With respect to how the plan of corrective measures will be monitored: Furthering monitoring is not necessary.</p> <p>E) Date of compliance with</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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