

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/27/2014
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NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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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: 05/27/14</p> <p>Facility Number: 000105 Provider Number: 155198 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Marquette was found in substantial compliance with Requirements for Participation in Medicare, 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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story building with a basement was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire</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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K010052 SS=C	<p>alarm system installed in all resident sleeping rooms. The facility has a capacity of 102 and had a census of 58 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/29/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview; the facility failed to document 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire</p>	K010052	<p>K 52</p> <p>1.What correctiveaction(s) will be accomplished for those residents found to have been affected by the deficient practice;</p>	05/29/2014

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	<p>Alarm Code. NFPA 72, 7-3.2 requires an annual check of all system smoke detectors. Section 7.1.1.2 states system defects and malfunctions shall be corrected. NFPA 72, 7-5.2.2 states a permanent record of all inspections, testing and maintenance shall be provided. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Siemens Building Technologies "Fire Safety System Inspection and Test Report" documentation dated 04/15/14 with the Plant Director and Assistant Plant Director during record review from 9:30 a.m. to 11:55 a.m. on 05/27/14, three smoke detectors were listed as "Fail" on the most recent documented fire alarm system inspection and test. Based on interview at the time of record review, the Plant Director stated documentation of repair or replacement of the fire alarm system smoke detectors was not available for review and acknowledged the aforementioned inspection report listed the three smoke detectors as "Fail".</p> <p>3.1-19(b)</p>		<p>No residents were found to be affected by this alleged deficient practice</p> <p>2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by this alleged deficient practice.</p> <p>3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Upon review of the inspection documentation, it was indicated that system was functional. With further review with the inspecting company, no replacement or repair had been done to allow for the smoke heads to be functional. (Note starred areas on inspection form.) All three smoke heads identified have been replaced.</p> <p>4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; When conducting inspections, inspecting agency will be required to replace or repair any smoke</p>		

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K010147 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 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. This deficient practice could affect 5 residents, staff and visitors in the second floor Beauty Salon.</p> <p>Findings include:</p> <p>Based on observation with the Plant Director, Assistant Plant Director and the Administrator during a tour of the facility from 12:40 p.m. to 4:00 p.m. on 05/27/14, a refrigerator was plugged into a power strip in the second floor Beauty Salon. Based on interview at the time of observation, the Plant Director</p>	K010147	<p>heads identified during the inspection as having failed, while still on premises. Annual review of the inspection will be presented at QAPI meeting by maintenance supervisor, with proof of completion of repair and/or replacement given.</p> <p>5. Compliance Date: 5/29/14</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; No residents were found to be affected by this alleged deficient practice.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents using the Health Center Beauty Shop have the potential to be affected by this alleged deficient practice.</p> <p>3. What measures will be put into place or what systemic</p>	05/27/2014	

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	acknowledged a power strip was being used as a substitute for fixed wiring in the second floor Beauty Salon. 3.1-19(b)		<p>changes will be made to ensure that the deficient practice does not recur; Power strip was immediately removed from the beauty shop and refrigerator unplugged. Beauty shop operator was in-serviced by Administrator that no appliances such as refrigerators, curling irons, hair dryers, can be plugged into powerstrips but must be plugged directly into the wall outlet. Health Center maintenance supervisor will inspect beauty shop and at least three resident rooms weekly for one month and then monthly thereafter, to ensure compliance of items being plugged into wall outlets.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Health Care Maintenance Supervisor will report results of inspections to the monthly QAPI meeting to ensure compliance and to obtain recommendation if necessary.</p> <p>5. Compliance Date: 5/27/14</p>		