

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/18/2015
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NAME OF PROVIDER OR SUPPLIER  TIMBERCREST CHURCH OF THE BRETHERN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962
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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: 08/18/15</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>At this Life Safety Code survey, Timbercrest Church of Brethren Home was found in substantial 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) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 and 400 halls was surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and areas open to the corridor.</p>	K 0000	Timbercrest requests review and consideration for paper compliance with submitted plan of correction for areas cited within Life Safety Survey dated 8/18/2015	
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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 0130 SS=B Bldg. 01	<p>Battery operated smoke detectors were installed in the resident rooms on the 100, 200, 300 and 400 halls. The facility has a capacity of 65 and had a census of 60 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached maintenance garage.</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation, record review and interview; the facility failed to ensure the care and maintenance of 1 of 1 rolling fire doors was in accordance with NFPA 80. LSC 4.5.7 requires any device, equipment, or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to</p>	K 0130	<p>1.K 130 It is, and always has been the intent of Timbercrest that all rolling fire doors are inspected yearly for properly operations. Immediate action taken was inspection scheduled for 9/14/2015 through fire inspection vendor (Nowak).</p> <p>2. Timbercrest ensured no other rolling doors were missing inspection documentation, if required</p> <p>3. Timbercrest has created a yearly task within our work order system, to ensure proper documentation of door operation during annual inspections.</p> <p>4. Maintenance Director will report through Timbercrest QAPI process that the inspections have been completed annual for a period of 2 years. Administrator or designee will audit inspection documentation annual.</p>	09/14/2015

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K 0144 SS=C Bldg. 01	<p>the authority having jurisdiction. This deficient practice could 25 residents in the main dining room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Maintenance on 08/18/15 at 12:30 p.m., there was a rolling fire door protecting the opening from the kitchen to the main dining room. Based on interview at the time of observation, the Director of Maintenance stated that Nowak Supply Company conducts the inspection on the door during the annual fire alarm testing. Based on records review of the Fire Alarm Inspection certificate at 1:30 p.m., there was no annotation stating that the rolling fire was part of the inspection. This was confirmed by the Maintenance during the records review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to conduct an annual load bank test for 1 of 1 emergency generators with a monthly exercise</p>	K 0144	1.K 144 It is, and always has been the intent of Timbercrest to ensure generator load test is conducted monthly and annual in accordance with NFPA 101 Life	09/04/2015

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	<p>operating temperature conditions less than 30 percent of the nameplate rating of the diesel powered emergency generator. NFPA 110, 1999 Edition 6-4.2 Generator sets in Level 1 and Level 2 service shall 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>6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. This deficient practice could affect all resident in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Director of Maintenance on 08/18/15 at 9:55 a.m., the monthly generator test log for the diesel powered emergency generator showed a monthly load test for the past</p>		<p>Safety Code. Immediate action taken was Timbercrest scheduled a load test for the first available date (9/4/2015).</p> <p>2. Additional outlets, lighting, kitchen equipment was placed on the generator to ensure monthly load test conducted was over the 30% threshold.</p> <p>3. Generator load testing was added to yearly preventative maintenance task within work order system.</p> <p>4. Maintenance Director will review and report monthly load test through the QAPI process until threshold of over 30% is met for 3 consecutive months and then quarterly thereafter. Yearly test will be presented for a period of 3 years.</p>	

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K 0147 SS=B Bldg. 01	<p>twelve months with operating temperature conditions less than 30 percent of the EPS nameplate rating. The annual load bank test from Crosspoint stated the last annual load bank was conducted on 7-23-14. Based on an interview at the time of record review, the Director of Maintenance state the test was off cycle and there is a test scheduled for the end of September.</p> <p>3.1-19(b)</p> <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 flexible cords in room 405 were not used as a substitute for fixed wiring to provide power for medical equipment. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects up to two residents.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of</p>	K 0147	<p>1.K 147 It is, and always has been the intent of Timbercrest to ensure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2. An additional outlet was added to room 405 to ensure all medical devices were properly receiving power.</p> <p>2. Inspection of all rooms within Timbercrest's Healthcare and Crestwood was conducted to ensure all medical devices were properly receiving power.</p> <p>3. Maintenance will conduct monthly audits of all Timbercrest's Healthcare and Crestwood rooms to ensure all wiring and equipment is properly receiving power. Timbercrest has created a</p>	09/14/2015

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K 0000  Bldg. 02	<p>Maintenance on 08/18/15 at 12:15 p.m., in resident room 405 an oxygen concentrator was supplied with electricity by extension cord power strip. Based on interview, the Director of Maintenance acknowledged the extension cord power strip at the time of observation.</p> <p>3.1-19(b)</p> <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: 08/18/15</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>At this Life Safety Code survey, Timbercrest Church of Brethren Home was found in substantial 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) and 410 IAC 16.2. The new section of the building</p>			K 0000	<p>monthly task within ourwork order system.</p> <p>4.Maintenance Director will audit inspections. Auditresults will be reported through Timbercrest's QAPI process, monthly, until 95%compliance is maintained for 3 consecutive months and then quarterly thereafter.</p> <p>Timbercrest requests review and consideration for paper compliance with submitted plan of correction for areas cited within Life Safety Survey dated 8/18/2015</p>		

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K 0144 SS=C Bldg. 02	<p>consisting of the kitchen, main dining room and the Crestwood hall was surveyed with Chapter 18, New Health Care Occupancies</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, in areas open to the corridor and in the resident rooms in Crestwood. The facility has a capacity of 65 and had a census of 60 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached maintenance garage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to conduct an annual load bank test for 1 of 1 emergency generators with a monthly exercise operating temperature conditions less than 30 percent of the nameplate rating of the diesel powered emergency generator. NFPA 110, 1999 Edition 6-4.2 Generator</p>	K 0144	<p>1.K 144 It is, and always has been the intent of Timbercrest to ensure generator load test is conducted monthly and annual in accordance with NFPA 101 Life Safety Code. Immediate action taken was Timbercrest scheduled a load test for the first available date (9/4/2015).</p> <p>2.Additional outlets, lighting,</p>	09/04/2015

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	<p>sets in Level 1 and Level 2 service shall 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>6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. This deficient practice could affect all resident in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Director of Maintenance on 08/18/15 at 9:55 a.m., the monthly generator test log for the diesel powered emergency generator showed a monthly load test for the past twelve months with operating temperature conditions less than 30 percent of the EPS nameplate rating. The annual load bank test from Crosspoint</p>		<p>kitchen equipment was placed on the generator to ensure monthly load test conducted was over the 30% threshold.</p> <p>3. Generator load testing was added to yearly preventative maintenance task within work order system.</p> <p>4. Maintenance Director will review and report monthly load test through the QAPI process until threshold of over 30% is met for 3 consecutive months and then quarterly thereafter. Yearly test will be represented for a period of 3 years.</p>	

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	<p>stated the last annual load bank was conducted on 7-23-14. Based on an interview at the time of record review, the Director of Maintenance state the test was off cycle and there is a test scheduled for the end of September.</p> <p>3.1-19(b)</p>				