

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155570	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/16/2016
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NAME OF PROVIDER OR SUPPLIER  PLEASANT VIEW LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MC CORDSVILLE, IN 46055
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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: 03/16/16</p> <p>Facility Number: 000477 Provider Number: 155570 AIM Number: 100290860</p> <p>At this Life Safety Code survey, Pleasant View Lodge 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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type V (000) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor, hard wired smoke detection in resident Room 22. and battery operated smoke detectors in 20 of 21 remaining resident sleeping</p>	K 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that 2567 plan of correction be considered the letter of credible allegation and requests a post survey paper compliance review on or after March 30, 2016.	

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 0025 SS=E Bldg. 01	<p>rooms. The facility has a capacity of 48 and had a census of 30 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled. The Administrator's office is an non-sprinkled, detached 14 x 70 foot mobile home. Additionally, the facility has a non- sprinkled, detached 2 story wood frame pole barn housing a generator, sprinkler storage tank and fire pump, a non-sprinkled detached 2 car garage used for oxygen storage, and a non-sprinkled, 2 story wood barn used for housing a lawn mower and tractor and a snow blower.</p> <p>Quality Review completed on 03/18/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observations and interview, the facility failed to ensure the smoke barriers in 1 of 3 attic smoke barriers was constructed to provide at least a one half</p>	K 0025	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> The attic smoke</p>	03/30/2016			

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K 0062	<p>hour fire resistance rating. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice affects 20 residents who reside on the South Hall.</p> <p>Findings include:</p> <p>Based on observation on 03/16/16 at 12:00 p.m. with the maintenance supervisor, the South Hall attic smoke barrier wall had eight two inch to six inch penetrations around sprinkler piping, electrical conduit and cable bundles on both sides of the smoke barrier wall not fire stopped. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 03/16/16 at 12:20 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101</p>		<p>barrier wall penetrations have been repaired. <b>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?</b> It has the potential to affect 20 residents on the south hall. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> An in-service was held on March 30, 2016 with the maintenance department on monitoring the smoke barrier walls for any penetrations and repairs as needed. A new policy has been developed to ensure monitoring of smoke barrier walls are free of penetrations on March 30, 2016. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance will be put into place?</b> The maintenance department will monitor the attics' smoke barrier walls for any penetrations 1 x a week for one month. The maintenance department will monitor the attic smoke barrier walls every month for 5 months. If any outside contractors go into the attics, the maintenance department will inspect the smoke barrier walls that day.</p>				

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SS=B Bldg. 01	<p><b>LIFE SAFETY CODE STANDARD</b> Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 3 of over 300 sprinklers in the facility covered in paint. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affects 2 residents who reside in resident room 21.</p> <p>Findings include:</p> <p>Based on observation on 03/16/16 at 11:10 a.m. with the maintenance supervisor, resident room 21 had three sprinklers completely covered in white paint. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 03/16/16 at 12:20 p.m.</p> <p>3.1-19(b)</p>	K 0062	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> The three sprinkler heads in room 21 were replaced on March 29, 2016 by an outside contractor. <b>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?</b> This has the potential to affect two residents. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> An in-service was held on March 30, 2016 with the maintenance department on inspection of sprinkler heads. It requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded or in the improper orientation. A new policy has been developed to ensure the sprinkler heads are monitored to be free of paint, corrosion, damage, loaded or in the improper orientation. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur,</b></p>	03/30/2016

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			<p><b>i.e., what quality assurance will be put into place?</b> The maintenance department will monitor the sprinkler heads every week x 1 month. The maintenance department then will monitor the sprinkler heads every month for 5 months. The QA committee will review the results of the findings during the facility's Quality Assurance meeting for at least 6 months. At the end of the aforementioned 6 month period the committee may opt to discontinue the review of this data during the QA meetings if compliance is evident.</p>		