

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155478	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2014
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NAME OF PROVIDER OR SUPPLIER TIMBERS OF JASPER THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2909 HOWARD DR JASPER, IN 47546
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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: 08/07/14</p> <p>Facility Number: 000314 Provider Number: 155478 AIM Number: 100274210</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Timbers of Jasper 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 was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery operated smoke detectors in all resident</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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K010029 SS=E	<p>sleeping rooms. The facility has a capacity of 94 and had a census of 79 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except except the 200 hall Sun Porch air conditioning closet, the middle shower stall in the 200 hall storage room, formally the shower room, and two detached sheds used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/12/14.</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 One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are</p>						

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	<p>separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 shower rooms which contained soiled linen containers over 32 gallons in capacity, was equipped with a self closing device on the door. This deficient practice could affect up to 20 residents, as well as staff and visitors in the Cottage (500) hall.</p> <p>Findings include:</p> <p>Based on observation on 08/07/14 at 11:50 a.m. during a tour of the facility with the Maintenance Supervisor, the Cottage (500 hall) shower room door was not equipped with a self closing device. This shower room contained one rubber barrel and two bins, over 32 gallons, full of soiled linen. This was acknowledged by the Maintenance Supervisor at the time of observation, furthermore, when asked, the Maintenance Supervisor said the barrel and bins where normally stored in the shower room when not in use.</p> <p>3.1-19(b)</p>	K010029	<p>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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after August 24, 2014.</p> <p>K029</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Maintenance director has installed a self-closing device on the Cottage (500 hall) shower room door identified in the 2567.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·All residents have the potential to</p>	08/24/2014			

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			<p>be affected by the alleged deficient practice.</p> <ul style="list-style-type: none"> All showers have been checked by maintenance to ensure they all have self-closing devices. Maintenance director has installed a self-closing device on the Cottage (500 hall) shower room door identified in the 2567. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and 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?</p> <ul style="list-style-type: none"> Maintenance supervisor will monitor the building and identify any other doors that require self closing devices monthly. <p>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?</p> <p>Maintenance director will check all shower doors to ensure self-closing devices are operational monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be</p>		

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K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure a handrail was provided for 1 of 1 exits with a ramp. LSC 19.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect 30 residents, as well as staff and visitors in the 400 hall.</p> <p>Findings include:</p> <p>Based on observation on 08/07/14 at 11:25 a.m. during a tour of the facility with the Maintenance Supervisor, the 400 hall exit had a sidewalk which connected to the city street. The sidewalk was 30 feet long and had a grade change of more than three feet from top to bottom. The sidewalk was not provided with a handrail on either side. This was acknowledged by the Maintenance Supervisor at the time of observation.</p>	K010038	<p>completed to insure compliance.</p> <p>Compliance date: August 24, 2014</p> <p>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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after August 24, 2014.</p> <p>K038</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Contractor will be installing a handrail to the 400 hall exit sidewalk identified in the 2567.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	08/24/2014			

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	3.1-19(b)		<ul style="list-style-type: none"> ·Maintenance director/designee verified that all exit excess and walking services are in good repair with appropriate hand rail. ·All residents have the potential to be affected by the alleged deficient practice. ·Contractor will be installing a handrail to the 400 hall exit sidewalk identified in the 2567. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and 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?</p> <ul style="list-style-type: none"> ·Maintenance supervisor will monitor the building to ensure sidewalk handrails are in good repair monthly. <p>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?</p> <p>Maintenance director will check all sidewalk handrails monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee</p>		

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 2 of 9 smoke compartments. This deficient practice could affect 10 residents in the Moving Forward hall (100 hall), plus any number of residents, staff and visitors while in the 200 Hall and front lobby area.</p> <p>Findings include:</p> <p>Based on observations on 08/07/14 between 10:30 a.m. and 12:30 p.m.</p>	K010056	<p>to maintain threshold of 100%. If not achieved an action plan will be completed to insure compliance.</p> <p>Compliance date: August 24, 2014</p> <p>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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after August 24, 2014.</p>	08/24/2014			

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	<p>during a tour of the facility with the Maintenance Supervisor, the following was noted:</p> <p>a. The 200 hall Sun Porch air conditioning closet was not provided with sprinkler coverage,</p> <p>b. The 200 hall storage room (formally the shower room) had three shower stalls filled with a variety of combustible items including a large amount of cardboard boxes. The middle stall was not provided with full sprinkler coverage. Based on interview, this was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		<p>K056</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> -Contractor will be adding automatic sprinkler system to provide complete coverage in 200 hall Sun Porch air conditioning closet and 200 hall storage room as identified in the 2567. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> -All residents have the potential to be affected by the alleged deficient practice. -Maintenance director/designee reviewed all other areas of the building to ensure ad equate sprinkler coverage was maintained. -Contractor will be adding automatic sprinkler system to provide complete coverage in 200 hall Sun Porch air conditioning closet and 200 hall storage room as identified in the 2567. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and how the corrective action(s) will be monitored to ensure the</p>		

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K010062 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD 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>deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance supervisor will monitor the building to ensure that the automatic sprinkler system provides complete coverage monthly.</p> <p>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?</p> <p>Maintenance director will monitor the building to ensure automatic sprinkler system provides complete coverage monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be completed to insure compliance.</p> <p>Compliance date: August 24, 2014</p>	

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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler head storage cabinets were provided with at least two of each type of sprinkler head used in the facility. NFPA 25, 2-4.1.4 requires a minimum of two sprinklers of each type and temperature rating installed shall be stored in a cabinet on the premises for replacement purposes. This deficient practice could affect all residents, as well as staff and visitors while in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/07/14 between 10:30 a.m. and 12:30 p.m. during a tour of the facility with Maintenance Supervisor, the spare sprinkler head cabinets in the facility had more than six spare sprinkler heads, however, there were no spare green tube, quick response and standard response pendent type heads. A green tube quick response head was observed in the room containing the clothes dryers, and the green tube standard response heads were observed in the generator room. This was acknowledged by the Maintenance Supervisor at the time of observations, furthermore, the Maintenance Supervisor said there were no other spare sprinkler heads in the facility.</p>	K010062	<p>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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after August 24, 2014.</p> <p>K062</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Maintenance supervisor has ordered spare green tube, quick response, and standard response pendent type sprinkler heads as identified in the 2567. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·Maintenance supervisor ensured there were two types of sprinkler heads at all times. ·All residents have the potential to be affected by the alleged deficient practice. 	08/24/2014			

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	3-1.19(b)		<p>Maintenance supervisor has ordered spare green tube, quick response, and standard response pendent type sprinkler heads as identified in the 2567.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and 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?</p> <p>Maintenance supervisor will monitor the building and identify need of spare sprinkler heads and keep them available at all times.</p> <p>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?</p> <p>Maintenance director will check spare sprinkler heads monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be completed to insure compliance.</p> <p>Compliance date: August 24, 2014</p>	

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K010147 SS=E	<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 multiplug adapters were not used as a substitute for fixed wiring in 2 of 63 resident rooms plus the kitchen and Cottage Memory Care Facilitator (MCF) office. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. 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 3 residents, as well as staff and visitors in 2 resident rooms, plus staff and visitors while in the kitchen and MCF office.</p> <p>Findings include:</p> <p>Based on observations on 08/07/14 between 10:30 a.m. and 12:30 p.m. during a tour of the facility with Maintenance Supervisor, the following was noted:</p> <p>a. Room 108 had a breathing machine</p>	K010147	<p>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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after August 24, 2014.</p> <p>K147</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Maintenance supervisor has removed multi-plug adapters or extension cord from room 108, kitchen, room 412, and MCF office as identified in the 2567.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	08/24/2014			

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	<p>plugged into a multiplug adapter, b. The kitchen had a large refrigerator plugged into a multiplug adapter, c. Room 412 had a breathing machine plugged into an extension cord, d. The MCF office had a computer plugged into a multiplug adapter. At the time of each observation, the Maintenance Supervisor acknowledged the use of the multiplug adapters and extension cord in resident rooms, the kitchen and MCF office.</p> <p>3.1-19(b)</p>		<p>·Maintenance supervisor inspected all areas of facility that no multi-plug adapters or extension cords were being utilized. ·All residents have the potential to be affected by the alleged deficient practice. ·Maintenance supervisor has removed multi-plug adapters or extension cord from room 108, kitchen, room 412, and MCF office as identified in the 2567. ·Staff will be educated to not use multi-plug adaptors or extension cords by the CEC/Maintenance supervisor/designee by August 24, 2014.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and 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?</p> <p>·Maintenance supervisor/customer care representatives/designee will monitor the building to ensure that there are no multi-plug adapters or extension cords throughout the facility monthly.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155478	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/07/2014
NAME OF PROVIDER OR SUPPLIER TIMBERS OF JASPER THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2909 HOWARD DR JASPER, IN 47546		
(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>program will be put into place?</p> <p>Maintenance director will check all resident rooms and offices for multi-plug adapters or extension cords monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be completed to insure compliance.</p> <p>Compliance date: August 24, 2014</p>		