

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/01/2012
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NAME OF PROVIDER OR SUPPLIER  FRANKLIN UNITED METHODIST COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/01/12</p> <p>Facility Number: 001127 Provider Number: 155771 AIM Number: 200247220</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Franklin United Methodist Community was found not in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>The Franklin United Methodist Community consists of four separate buildings constructed at four different times. Building # 1 built in 1957 is a three story, now sprinklered building of Type I (332) construction with a basement. Building # 2 built in 1980 is a three story, sprinklered building of Type I (332) construction with a basement. Building # 3 built in 1992 is a one story, sprinklered building of Type I (332) construction with a basement. Building # 4 built in 2000 is a three story, sprinklered building of Type I (332) construction.</p>	K0000	The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiency herein. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that the deficiency cited has been corrected by the date certain.	
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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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	<p>Because all buildings are the same type of construction, the facility was surveyed as one building.</p> <p>The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and 72 hard wired smoke detectors in resident rooms on the Murphy Special Care West unit, Advanced Special Care Unit, Rehab 1 and Rehab 3. 47 battery operated smoke detectors were provided in the resident rooms on Health Center 2 and Health Center 3. The healthcare portion of the facility has a capacity of 208 and had a census of 172 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered except the Wellness Center patio. All areas providing facility services were sprinklered .</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/09/12.</p>				

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler coverage throughout the facility before July 1, 2012. This deficient practice could affect any resident, staff or visitor using the Wellness Center patio.</p> <p>Findings include:</p>	K9999	<p>During the life safety survey, the Indiana State Department of Health surveyor identified that the facility was out of compliance with the regulation K9999. Franklin United Methodist Community will remove the 30' x 30' awning that is made of a canvas material over the Wellness Center Patio. Any future replacement for patio covering over the Wellness Center Patio will meet the guidelines of the Indiana State Department of Health. All documentation of flame retardants and labels will be accessible and visible to everyone according to Indiana State Department of Health guidelines. The Maintenance Director and the Building Services Director will do quarterly monitoring of any awning covering placed over the Wellness Center Patio. The material chosen will meet or exceed the guidelines established by the Indiana State Department of Health. To make sure we continue to stay within compliance of Indiana State Department of Health guidelines, a log book will be established for quarterly checks to make sure the material continues to meet the Indiana State Department of Health guidelines. The canvas is being removed at the end of the business day 5:00 p.m., Eastern Standard Time on August 15,</p>	08/16/2012	

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	<p>Based on observation with the Maintenance Director and Building Services Director on 08/01/12 between 1:45 p.m. and 3:15 p.m., the Wellness Center patio was covered by a 30 by 30 foot awning attached to the building. The awning was a canvas material stretched over an aluminum frame and it was not sprinklered. Based on interview during the time of observation, the Maintenance Director and Building Services Director acknowledged the facility lacked documentation indicating the canvas material was inherently flame retardant.</p> <p>3.1-19(ff)</p>		2012.		