

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155508	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2013
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NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF BOONVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601
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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: 12/10/13</p> <p>Facility Number: 000451 Provider Number: 155508 AIM Number: 100266240</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Transcendent Healthcare of Boonville, LLC 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 basement was determined to be of Type V (000) construction and was fully sprinklered, except the closet within the southeast Soiled Utility room. The facility has a fire alarm system with hard wired smoke</p>	K010000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective December 13, 2013 to the Life Safety Code Recertification Survey conducted on December 10, 2013.</p>	
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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>detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 88 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, except two detached structures consisting of a garage used as a maintenance shop and maintenance storage, a small cinder block shed used for facility and lawnmower storage and the closet within the southeast Soiled Utility room.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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>1. Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 1 of 7 smoke compartments. This deficient practice could affect up to 10 residents, as well as staff and visitors while in the front lounge area which was in the same smoke compartment as the southeast Soiled Utility room.</p> <p>Findings include:</p> <p>Based on observation on 12/10/13 at 11:00 a.m. during a tour of the facility with the Maintenance Supervisor, the closet within the southeast Soiled Utility room was not provided with sprinkler coverage. Based on interview, this was acknowledged by the Maintenance Supervisor at the time of observation.</p>	K010056	<p>It is the practice of Transcendent Healthcare of</p> <p>Boonville to assure that all areas are sprinkled in accordance with the</p>	12/13/2013			

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	<p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 2 boiler rooms was equipped throughout with quick response sprinklers with the same temperature rating to operate in a timely manner and achieve effective fire control. NFPA 13, 1999 Edition, Standard for the Installation of Sprinkler Systems, 5-1.1 states the requirements for spacing, location, and position of sprinklers shall be based on the following principles: (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution. NFPA 13, Table 3.2.5.1, Temperature Ratings, Classification and Color Coding's, indicates the temperature rating of sprinkler with a red bulb is Extra High, rated for temperatures between 325 and 375 while a sprinkler with a green bulb is rated Very Extra High for temperatures between 400 and 475 degrees Fahrenheit. This deficient practice could affect mostly staff while in the east boiler room, plus any staff traveling between the kitchen and laundry area connecting corridor.</p> <p>Findings include:</p> <p>Based on observation on 12/10/13 at 11:40 a.m. during a tour of the facility</p>		<p>regulation.</p> <p>The correction</p> <p>action taken for those residents found to be affected by the deficient practice</p> <p>include:</p> <p>There are no specific residents identified. The closet in the southeast soiled utility</p> <p>room now has sprinkler coverage.</p> <p>The boiler room identified is now equipped with a quick</p> <p>response sprinkler.</p> <p>One of the sprinkler heads in the northwest hall office has</p>	

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	<p>with the Maintenance Supervisor, there was one quick response (red) sprinkler head and one quick response (green) sprinkler head in the east boiler room. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview, the facility failed to insure 1 of 7 smoke compartments had sprinkler heads installed in accordance with NFPA 13, Section 5-1.1 and 5-6.3.4 which requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect mostly staff and visitors while in the northwest hall back office.</p> <p>Findings include:</p> <p>Based on observation on 12/10/13 at 11:55 a.m. during a tour of the facility with the Maintenance Supervisor, there were two sprinkler heads within two feet of each other in the northwest hall back office. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		<p>been removed.</p> <p>Please see under systems implemented to assure compliance</p> <p>with this tag.</p> <p>Other residents</p> <p>that have the potential to be affected have been identified by:</p> <p>Potentially all residents could be effected. All areas have been reviewed and are sprinkled</p> <p>in accordance with the regulation. In</p> <p>addition, all boilers have a quick response sprinkler. Please refer to systems</p>	

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			<p>implemented to assure compliance with this tag.</p> <p>The measures or</p> <p>systematic changes that have been put into place to ensure that the deficient</p> <p>practice does not recur include:</p> <p>The sprinklers have been installed on the identified</p> <p>areas. The routine inspections/reviews</p> <p>are scheduled in accordance with the preventive maintenance schedule to assure</p> <p>that they are present and maintained in accordance with the regulation.</p> <p>The corrective</p>	

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			<p>action taken to monitor performance to assure compliance through quality</p> <p>assurance is:</p> <p>The installed sprinklers as well as all sprinklers are</p> <p>maintained in accordance with the regulation as part of the preventive</p> <p>maintenance program. The preventive</p> <p>maintenance for the sprinklers will be reviewed as part of the QA process at</p> <p>the quarterly meetings. The Maintenance</p> <p>Director, or designee, will be responsible for assuring that sprinklers are</p>	

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			<p>maintained appropriately. Any identified</p> <p>issues will be immediately corrected.</p> <p>The Administrator, or designee, will review the preventive maintenance</p> <p>documentation related to facility sprinkler maintenance.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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