

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220
--	---

(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
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: 12/04/13</p> <p>Facility Number: 000189 Provider Number: 155292 AIM Number: 100267330</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, American Village 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>American Village consists of two wings, Harrison Hall which is one story and Washington Manor which is two stories. This facility was determined to be of Type III (211) construction and was fully sprinklered. The east wing of the second floor of Washington Manor houses an</p>	K010000	I would like to request a desk review?	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220
--	---

(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>Alzheimer wing. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 151 and had a census of 140 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 for the detached storage and repair shed.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/10/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/04/2013	
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220			
(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
K010029 SS=E	<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 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 2 of 2 mobile trash carts were stored in areas separated from other spaces by smoke resistant partitions and doors. This deficient practice could affect 20 residents, staff and visitors if needing to exit the Harrison Hall service corridor by the Main Dining Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and the Administrator during a tour of the facility from 12:30 p.m. to 3:45 p.m. on 12/04/13, two unattended 96 gallon mobile trash carts filled with trash were observed stored next to one another in the Harrison Hall service corridor by the Main Dining Room. Based on interview at the time of observation, the Maintenance Director</p>			K010029	<p>K 029- 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents have been affected as a result of this practice. The mobile trash receptacles were removed by ED and will remain out of this area.2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Other residents and visitors have the potential to be affected by utilizing the service hallway as an exit where 96 gallon trash receptacles are stored. Maintenance Director checked all areas of the building to ensure there were no 96 gallon trash receptacles stored. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? This will be a permanent change and will</p>		12/20/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/04/2013
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220		
(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>stated each mobile trash cart had a 96 gallon capacity and acknowledged two unattended mobile trash carts with a capacity of greater than 32 gallons were not stored in areas separated from other spaces by smoke resistant partitions and doors.</p> <p>3.1-19(b)</p>		<p>ensure that this practice will not reoccur. Maintenance director will monitor Harrison Hall service hall daily to ensure there are no trash receptacles stored. Housekeeping staff will be in serviced on new location of trash receptacles by ED on 12/20/2013</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur? A daily check will be completed by the Housekeeping Supervisor for 30 days and monthly thereafter to see that 96 gallon receptacles will not be returned to Service hall. Information collected will be presented to the QAA committee for review 5. By what date will the changes be completed? Changes will be complete by 12/20/2013.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/04/2013	
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220			
(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			
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</p> <p>1. Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 8 exits in Harrison Hall was readily accessible at all times in accordance with LSC Section 7.1. LSC Section 7.1 requires the means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.7.1 requires all exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. In addition to providing the required width to allow all occupants safe access to a public way, such access also needs to meet the requirements with respect to maintaining the means of egress free of obstructions that would prevent its use, such as snow and the need for its removal in some climates or soft ground during heavy periods of rain. This deficient practice could affect 32 residents, staff and visitors evacuated through the 300 Hall Dining Room exit in the event of an emergency.</p> <p>Findings include:</p>	K010038	<p>K 038 (part 1) - 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents have been affected as a result of this practice. Exit sign has been removed and the facility fire escape route signage had been changed accordingly. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Other residents, Visitors and staff have the potential to be affected by utilizing this exit without clear access to a public way. Exit sign has been removed and the facility fire escape route signage had been changed accordingly. Maintenance director inspected all other exit areas to ensure the exits had safe access to a public way. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Exit sign will be removed and this will no longer be utilized as an emergency exit. Emergency exit path signs will be updated with new exit route. Staff will be in serviced on new fire route by ED on 12/20/13. 4. How the corrective actions will be</p>	12/22/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/04/2013	
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220			
(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>Based on observation with the Maintenance Director and the Administrator during a tour of the facility from 12:30 p.m. to 3:45 p.m. on 12/04/13, the 300 Hall Dining Room exit in Harrison Hall which is marked as a facility exit in the corridor, at the aforementioned dining room exit and on the facility floor plan discharged onto a patio and sidewalk in the Cottage 2 courtyard. The sidewalk did not continue to the public way. A grassy area and a gated wood fence separated the courtyard from the public way. Based on interview at the time of observation, the Maintenance Director and the Administrator acknowledged the 300 Hall Dining Room exit in Harrison Hall which is marked as a facility exit did not provide occupants with safe access to a public way.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure the means of egress for 1 of 8 exits in Harrison Hall was free of all obstructions which could interfere with their full instant use. This deficient practice could affect 20 residents, staff and visitors if needing to exit the Harrison Hall service corridor by the Main Dining Room.</p>		<p>monitored to ensure the deficient practice will not recur? This will be a permanent/structure change and will ensure that this practice will not reoccur. If there is a change in the exit system, changes will be reviewed by the CQI committee. 5. By what date will the changes be completed? Will be completed by January 3, 2013. K 038 (part 2) - What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents have been affected as a result of this practice. The mobile trash receptacles and three drawer wooden chest of drawers were removed by the ED and will remain out of this area. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Other residents and visitors have the potential to be affected by utilizing the service corridor was not free of obstructions. Trash receptacles were removed during the survey and will remain out of this area. Maintenance Director checked all areas of the building to ensure there were no 96 gallon trash receptacles stored or chest of drawers stored in any halls. The 3 drawer wooden chest has been removed. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/04/2013	
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220			
(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>Findings include:</p> <p>Based on observations with the Maintenance Director and the Administrator during a tour of the facility from 12:30 p.m. to 3:45 p.m. on 12/04/13, the following was noted:</p> <p>a. two unattended 96 gallon mobile trash carts filled with trash were observed stored next to one another in the Harrison Hall service corridor by the Main Dining Room. Each mobile trash cart measured five feet long by three feet wide and provided an obstruction and impediment to full instant use in the case of fire or other emergency.</p> <p>b. a three drawer wooden chest of drawers measuring three feet by eighteen inches wide was observed stored next to two mobile trash carts in the Harrison Hall service corridor by the Main Dining Room and provided an obstruction and impediment to full instant use in the case of fire or other emergency.</p> <p>Based on interview at the time of the observations, the Maintenance Director acknowledged the Harrison Hall service corridor by the Main Dining Room was not continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>3.1-19(b)</p>		<p>practice does not recur? This will be a permanent change and will ensure that this practice will not reoccur. Maintenance director will monitor all halls daily to ensure there are no trash receptacles or chest of drawers stored in the halls 4. How the corrective actions will be monitored to ensure the deficient practice will not recur? Housekeeping staff will be in serviced on new location of trash receptacles. A daily check will be completed for 30 days and monthly thereafter to see that 96 gallon receptacles and wooden chest will not be returned to halls. 5. By what date will the changes be completed? Changes will be complete by 12/22/2013.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220
--	---

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/04/2013	
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220			
(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			
K010075 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>Based on observation and interview, the facility failed to ensure a capacity of 32 gallons for mobile soiled linen or trash collection receptacles was not exceeded within any 64 square feet area for 1 of 6 corridors. This deficient practice could affect 20 residents, staff and visitors if needing to exit the Harrison Hall service corridor by the Main Dining Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and the Administrator during a tour of the facility from 12:30 p.m. to 3:45 p.m. on 12/04/13, two unattended 96 gallon mobile trash carts filled with trash were observed stored next to one another in the Harrison Hall service corridor by the Main Dining Room. Based on interview at the time of observation, the Maintenance Director stated each cart had a 96 gallon capacity</p>	K010075	<p>K 075 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents have been affected as a result of this practice. The mobile trash receptacles were removed by the Ed and will remain out of this area 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Other residents and visitors have the potential to be affected by utilizing the service hallway as an exit where 96 gallon trash receptacles are stored. Trash receptacles were removed during the survey and will remain out of this area. Maintenance director will monitor Harrison Hall service hall daily to ensure there are no trash receptacles stored. Housekeeping staff will be in-serviced on the new location of trash receptacles and that all corridors must remain clear by</p>	12/22/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155292	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/04/2013
NAME OF PROVIDER OR SUPPLIER AMERICAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220		
(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	
	and acknowledged mobile trash carts with a capacity of more than 32 gallons were unattended and stored within a 64 square feet area in the Harrison Hall service corridor by the Main Dining Room. 3.1-19(b)		the ED on 12/20/13. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? This will be a permanent change and will ensure that this practice will not reoccur. Maintenance director will monitor halls daily to ensure there are no trash receptacles stored. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur? A daily check will be completed for 30 days and monthly thereafter to see that 96 gallon receptacles will not be returned to Service hall. Information collected will be presented to the QAA committee for review. 5. By what date will the changes be completed? Changes will be complete by 12/22/2013		