

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155196	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2012
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NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3525 E HANNA AVE INDIANAPOLIS, IN 46237
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K0000	<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: 04/11/12</p> <p>Facility Number: 000103 Provider Number: 155196 AIM Number: 100290000</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Altenheim Health & Living Community 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 facility occupying the A, B and C wings of the first floor of a three story building with a basement was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection</p>	K0000		

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>on all levels in the corridors, in all areas open to the corridor and in resident sleeping rooms. The facility has a capacity of 72 and had a census of 68 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 11 doors serving hazardous areas such as the kitchen were held open only by a device arranged to automatically close the door or close the door upon activation of the fire alarm system. This deficient practice could affect any resident, staff or visitor in the vicinity of the west kitchen door into the main dining room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:15 a.m. to 1:10 p.m. on 04/11/12, the two north kitchen entry doors were each held open by a door stop attached to the door which would not allow each door to close automatically</p>	K0021	<p>This plan of correction is to serve as Altenheim Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Altenheim Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. K021 NFPA 101 Life Safety Code Standard I. No resident was identified as being immediately affected by this deficient practice. II. No other residents were immediately affected by this deficient practice. Both kitchen</p>	05/11/2012

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	upon activation of the fire alarm system. Based on interview at the time of observation, the Maintenance Director acknowledged the two north kitchen entry doors were each held open with a door stop which would not allow automatic closure upon activation of the fire alarm system. 3.1-19(b)		doors identified during inspection will have magnets attached to the fire alarm system. Manual stops will be removed. III. The systemic change is that the inspection of all doors have been completed. Contractor was contacted to install the fire alarm system. It will be completed no later than May 10, 2012. Maintenance Director or his designee will educate and inservice associates regarding fire safety and the importance of manual fire alarm system. IV. Maintenance Director or his designee will monitor doors during monthly fire drills. All findings will be presented in the monthly Quality Assurance Committee meeting and the frequency and duration of the reviews will be adjusted as needed. Completion date: May 11, 2012		

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K0045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>Based on observation and interview, the facility failed to ensure lighting for 6 of 8 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect any resident, staff or visitor needing to exit the facility from the A, B and C Wing exits, the two Assisted Living Wing exits and the Laundry Stairwell exit.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 11:15 a.m. to 1:10 p.m. on 04/11/12, the exit means of egress from the A, B and C Wing exits, the two Assisted Living Wing exits and the Laundry Stairwell exit are each equipped with one light fixture with one bulb. The two Assisted Living Wings do not have two hour separation in the corridor from the A, B and C Wings. Based on interview at the time of the observations, the Maintenance Director acknowledged only one light fixture with one bulb was</p>	K0045	<p>K045 NFPA 101 Life Safety Code Standard</p> <p>I. No resident was identified as being immediately affected by this deficient practice.</p> <p>II. No other residents were identified as being immediately affected by this deficient practice. The exit discharge light fixtures identified as deficient were replaced with new dual bulbs fixtures. A, B, C. Wing exits, two Assisted Living Wing exits, and laundry stairwell exit now have dual bulb exit discharge fixtures.</p> <p>III. The systemic change is that the Maintenance Director has inspected all of the areas and as of April 24, 2012 all exits have dual bulb fixtures. The Maintenance Director or his designee will conduct routine safety rounds of all dual bulb fixtures.</p> <p>IV. The Maintenance Director or his designee will monitor any issues or concerns regarding dual light fixtures each month for four months. All findings will be reported to the monthly Quality Assurance Committee meeting and the frequency and</p>	05/11/2012

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	<p>provided at the A, B and C Wing exits, the two Assisted Living Wing exits and the Laundry Stairwell exit.</p> <p>3.1-19(b)</p>		<p>duration of the reviews will be adjusted as needed.</p> <p>Completion date: May 11, 2012</p>		

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K0048 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility. LSC 19.7.2.2 requires written health care occupancy fire safety plans shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any resident, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire safety plan titled "Disaster: Emergency Preparedness Manual" during record review with the Maintenance Director from 9:20 a.m. to 11:15 a.m. on 04/11/12, the fire safety plan did not address the use of ABC type fire</p>	K0048	<p>K048 NFPA 101 Life Safety Code Standard I. No resident was identified as being immediately affected by this deficient practice. II. No other residents were identified as being immediately affected by this deficient practice. Maintenance Director reviewed the fire safety procedure and needs of fire safety education within the community. Addendum to the Fire and Disaster Manual was updated to address ABC type, K Class, and HaLon type fire extinguishers. Any future changes in Policy and procedure will be updated accordingly. III. The systemic change is that the Maintenance Director will educate and inservice Associates on fire safety and policy and procedure on all types of extinguishers and this will be documented as such during training. IV. The Maintenance Director will monitor through monthly fire drills to ensure associates respond accordingly to the use of all types of fire extinguishers. The Maintenance Director or his designee will present any</p>	05/11/2012			

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	<p>extinguishers and the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Director stated the use of kitchen fire extinguishers is explained to employees in orientation but acknowledged the written fire safety plan for the facility did not include a policy to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K class fire extinguisher.</p> <p>3.1-19(b)</p>		<p>findings to the monthly Quality Assurance Committee meeting and the frequency and duration of the reviews will be adjusted as needed. Completion date: May 11, 2012</p>	

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K0050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to document the transmission of the fire alarm signal for 5 of 8 fire drills conducted prior to 9:00 p.m. on the first shift and second shift. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Maintenance Director during record review from 9:20 a.m. to 11:15 a.m. on 04/11/12, documentation for first shift fire drills conducted on 07/27/11 at 1:20 p.m., 10/27/11 at 9:59 a.m. and second shift fire drills conducted on 05/19/11 at 4:55 p.m.,</p>	K0050	<p>K050 NFPA 101 Life Safety Code Standard I. No resident was identified as being immediately affected by this deficient practice. II. No other residents were identified as being immediately affected by this deficient practice. III. The systemic change is that the fire panel event printer has been repaired and documents all troubles and fire alarm signals. Fire drill report form has been updated to include a fire alarm signal received section to be completed by the associate conducting the drill. Maintenance associates educated and inserviced on documentation of transmission of the fire alarm signal as part of the written fire drill record. IV. Maintenance Director or his designee will ensure compliance by auditing fire drills documentation monthly. All findings will be presented in the monthly Quality Assurance</p>	05/11/2012			

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	<p>08/16/11 at 7:00 p.m. and 02/15/12 at 3:50 p.m. did not document transmission of the fire alarm signal as part of the written drill record. Based on interview at the time of record review, the Maintenance Director acknowledged documentation for first shift fire drills conducted on 07/27/11, 10/27/11 and second shift fire drills conducted on 05/19/11, 08/16/11 and 02/15/12 did not document transmission of the fire alarm signal as part of the written drill record.</p> <p>3.1-19(b)</p>		<p>Committee meeting and the frequency and duration of the reviews will be adjusted as needed. Completion date: May 11, 2012</p>	

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K0061 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on record review and interview, the facility failed to electronically supervise 1 of 1 Post Indicator Valves (PIV). LSC Section 9.7.2.1 requires supervisory attachments to be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code and a distinctive supervisory signal to be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. This deficient practice could affect all residents in the facility as well as staff and visitors, if the water to the sprinkler system was shut off and not detected due to lack of supervision.</p> <p>Findings include:</p> <p>Based on review of quarterly sprinkler inspection reports documentation with the Maintenance Director during record review from 9:20 a.m. to 11:15 a.m. on 04/11/12, the PIV lacked functional electronic supervision. Koorsen Fire and Security performed quarterly sprinkler inspections as documented on "Systems Service" quarterly sprinkler inspection reports dated 08/09/11 and 02/08/12</p>	K0061	<p>K61 NFPA 101 Life Safety Code Standard</p> <p>I. No resident was identified as being immediately affected by this deficient practice.</p> <p>II. No other residents were identified as being immediately affected by this deficient practice. The Contractor was contacted by the facility to install a new module for Post Indicator Valve.</p> <p>III. The systemic change is that the post indicator valve (PIV) will have a new module installed and tested to allow communication between the fire alarm panel and PIV tamper switch. Any findings from any report will be addressed timely to ensure compliance with regulations.</p> <p>IV. Maintenance Director or his designee will conduct an inspection quarterly and report and address any concerns immediately. All of the findings will be presented during the monthly Quality Assurance Committee meeting and the frequency and duration of the reviews will be adjusted as needed. Completion date: May 11, 2012</p>	05/11/2012			

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	<p>which stated, respectively, "PIV front yard (Potter switch) not sending signal to fire panel" and "PIV tamper failed." Based on interview at the time of record review, the Maintenance Director acknowledged the PIV lacked functional electronic supervision.</p> <p>3.1-19(b)</p>			

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K0064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 portable K class fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2-3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect any residents, staff or visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the</p>	K0064	<p>K64 NFPA 101 Life Safety Code Standard</p> <p>I. No resident was identified as being immediately affected by this deficient practice.</p> <p>II. No other residents were identified as being immediately affected by this deficient practice.</p> <p>III. The systemic change is that a placard has been conspicuously placed above the K Class fire extinguisher located in the kitchen. Education and inservice will be provided to associates regarding this notice that states fire protector system shall be activated prior to using the fire extinguisher.</p> <p>IV. The placard was permanently placed in accordance with the requirements of the NFPA 10, Standards for Portable Fire Extinguishers. The Administrator or her designee will routinely make observation rounds to ensure the sign remains in place. Any findings will presented in the monthly Quality Assurance Committee meeting and the frequency and duration of the reviews will be adjusted as needed.</p> <p>Completion date: May 11, 2012</p>	05/11/2012			

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	<p>facility from 11:15 a.m. to 1:10 p.m. on 04/11/12, a placard was not conspicuously placed near the K class portable fire extinguisher which states the fire protection system shall be activated prior to using the K class portable fire extinguisher. Based on interview at the time of observation, the Maintenance Director acknowledged a placard was not conspicuously placed near the K class portable fire extinguisher stating the fire protection system shall be activated prior to using the K class portable fire extinguisher.</p> <p>3.1-19(b)</p>			