

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155077	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/13/2021
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NAME OF PROVIDER OR SUPPLIER  ENVIVE OF INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP COD 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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K 0000  Bldg. 01	<p>An investigation of Complaint Number IN00368249 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00368249 was substantiated.</p> <p>Federal deficiencies related to the allegation were cited at K0211 &amp; K0372.</p> <p>Survey Date: 12/13/21</p> <p>Facility Number: 000032 Provider Number: 155077 AIM Number: 100273330</p> <p>At this Complaint survey, Lakeview Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 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 III (211) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and in rooms 11 through 19 in the C Wing. The facility has battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 184 and had a census of 91 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has four detached</p>	K 0000		
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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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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K 0211 SS=F Bldg. 01	<p>buildings providing storage services and one detached building housing an emergency generator which were each not sprinklered.</p> <p>Quality Review completed on 12/13/21</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 Based on observation and interview, the facility failed to ensure 7 of 7 means of egress was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect all residents, staff and visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>a. Based on observations with the Maintenance Director during a tour of the facility from 10:35 a.m. to 11:10 a.m. on 12/13/21, the following was noted:</p> <p>a. a plastic three drawer chest of drawers for the storage of isolation supplies was stored in the corridor up against the corridor wall outside Rooms A19, A20, A21, A22, A23, B2, B6, B13, B14, B18, B20, B25, C2, C15, C23 and D9. Each chest of drawers projected 18 inches into the eight foot wide corridor. In addition, two small waste baskets were placed next to the three drawer chest of drawers in the corridor outside Room B25.</p>	K 0211	<p>This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied</p> <p>Administrator was educated on K211 and corresponding citation on 12/23/21</p>	12/31/2021

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K 0372 SS=E Bldg. 01	<p>b. an unattended hooyer lift and a motorized wheelchair were stored in the path of egress at the exit door set by Room A17. Two upholstered chairs and a plant in a pot were stored in the path of egress at the exit door set by Room 19. Each exit door set was marked as a facility exit with an exit sign.</p> <p>Based on interview at the time of the observations, the Maintenance Director stated the isolation supply storage in the corridor was necessary for staff to don isolation supplies prior to entering a resident room but agreed the aforementioned means of egress were not continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>This finding was reviewed with the the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00368249.</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p>		<p>Maintenance Director was educated on K211 and corresponding citation on 12/23/21</p> <p>All items referenced in K211 were removed on 12/23/21</p> <p>Administrator/designee will audit all egress doors for clearance 2x/week for 6 months to ensure compliance</p>		

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	<p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>Based on observation and interview, the facility failed to ensure openings through 1 of 1 ceiling smoke barriers was protected to maintain the fire resistance rating of the smoke barrier. LSC 19.3.7.3 refers to Section 8.5. Section 8.5.6.2 states penetrations for cables, conduits, pipes and similar items that pass through a floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of a ceiling smoke barrier shall be protected by a system or material capable of resisting the transfer of smoke. Where a smoke barrier is also constructed as a fire barrier, the penetrations shall be protected in accordance with the requirements of Section 8.3.5 to limit the spread of fire for a time period equal to the fire resistance of the assembly and Section 8.5.6. This deficient practice could affect over 20 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:35 a.m. to 11:10 a.m. on 12/13/21, the following openings were noted in the ceiling smoke barrier:</p> <p>a. a three inch in diameter hole was noted in the ceiling smoke barrier in the corridor outside Room C16. The hole was for a former speaker for the public address system and had low voltage wiring projecting through the opening.</p> <p>b. an eight foot wide by four and one half foot long section of drywall was affixed to the ceiling smoke barrier in the corridor outside Room B20. The section of drywall was not flush with the rest of the ceiling smoke barrier and created a gap or a seam in between the drywall and the corridor ceiling and walls.</p>	K 0372	<p>Maintenance Director educated on K0372 on 12/23/21</p> <p>All penetrations referenced in K0372 citation will be corrected and in compliance by 12/31/21</p> <p>Administrator/designee to audit areas 1x/week for 6 months to ensure compliance</p>	12/31/2021			

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>c. a 30 inch long by two inch wide hole was noted in the ceiling smoke barrier in the corridor outside Room C21.</p> <p>Based on interview at the time of the observations, the Maintenance Director stated water leaks in the attic above the ceiling smoke barrier had been recently repaired, he was in the process of repairing the ceiling drywall due to the water leaks but agreed the aforementioned openings in the ceiling smoke barrier were not protected to maintain the fire resistance rating of the ceiling smoke barrier.</p> <p>This finding was reviewed with the the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00368249.</p>			