

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155026	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2015
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NAME OF PROVIDER OR SUPPLIER GREENWOOD VILLAGE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143
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K 000 Bldg. 01	<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: 04/21/15</p> <p>Facility Number: 000010 Provider Number: 155026 AIM Number: 100453660</p> <p>At this Life Safety Code survey, Greenwood Village South 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 was determined to be of Type V (111) construction and fully sprinklered except for the Dogwood mezzanine. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor except for the Administration area and in all resident sleeping rooms. The facility has a capacity of 137 and had a census of</p>	K 000	Preparation and execution of this Plan of Correction in no way constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. In fact, Greenwood Village South reserves the right to challenge, in legal proceedings, all deficiencies, statements, findings, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.	
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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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K 017 SS=D Bldg. 01	<p>100 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the Dogwood Hall mezzanine.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 corridors open to the Administration area was provided with an electrically supervised automatic smoke detection system. Exception No. 1 to LSC Section 19.3.6.1 states smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance</p>	K 017	No harm was experienced. AADCO, Inc., was hired to install an electrically supervised automatic smoke detection system in the corridor open to the administration area. All residents had the potential to be affected. No harm was experienced by the residents. AADCO, Inc., has installed an electrically supervised automatic smoke detection	04/22/2015			

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	<p>with 19.3.5.3 shall be permitted to have spaces open to the corridor provided the following criteria are met:</p> <p>(a) the spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) the corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4 or the smoke compartment in which the space is located is protected throughout by quick response sprinklers. (c) the open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4 or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) the space does not obstruct access to required access.</p> <p>This deficient practice could affect 5 residents, staff or visitors in the vicinity of the Administration area near the main lobby.</p> <p>Findings include:</p> <p>Based on observations with the Plant Supervisor during a tour of the facility from 11:00 a.m. to 2:05 p.m. on 04/21/15, the Administration area near the main lobby is open to the corridor</p>		<p>system in the corridor open to the administration area. The area will be tested annually along with all other devices. Documentation to the testing will be presented to the quality assurance committee annually. Date completed: 4/22/2015</p>	

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K 025 SS=E Bldg. 01	<p>because the Administration area Reception desk is open to the main lobby corridor. The Administration area is not provided with an electrically supervised automatic smoke detection system. The automatic sprinkler system observed in the Administration Area was not equipped throughout with quick response sprinklers and is not arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. Based on interview at the time of the observations, the Plant Supervisor acknowledged the Administration area is open to the corridor and is not provided with an electrically supervised automatic smoke detection system.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 Based on observation and interview, the</p>	K 025	No harm occurred. The plant supervisor has repaired the hole	04/21/2015			

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	<p>facility failed to ensure openings through 1 of 17 smoke barrier walls were protected to maintain the two hour fire resistance rating of the smoke barrier wall. LSC 19.3.7.3 refers to Section 8.3. LSC Section 8.3.6.2 states openings in smoke barriers of a building shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier or it shall be protected by an approved device that is designed for the specific purpose. This deficient practice could affect 25 residents, staff and visitors in Dogwood Hall.</p> <p>Findings include:</p> <p>Based on observation with the Plant Supervisor during a tour of the facility from 11:00 a.m. to 2:05 p.m. on 04/21/15, a two foot by two foot hole was noted in the attic smoke barrier wall above the corridor door set by Room 201 in Dogwood Hall. The aforementioned attic smoke barrier wall consisted of four layers of five eighths inch thick drywall. Based on interview at the time of observation, the Plant Supervisor acknowledged the aforementioned opening in the attic smoke barrier wall did not maintain the two hour fire resistance rating of the attic smoke barrier wall.</p>		<p>by applying two sheets of 5/8 inch drywall to each side of the attic smoke barrier wall. All residents had the potential to be affected, no harm was experienced by our residents. Visual inspection will occur following every contractor visit requiring attic access. The area will be inspected by the plant supervisor monthly for 3 months and quarterly thereafter for one year. Documentation of the inspection will be presented to the quality assurance committee for one year. Completion Date: 4/21/2015</p>	

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K 038 SS=E Bldg. 01	<p>3.1-19(b)</p> <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 Based on observation and interview, the facility failed to provide 5 of over 100 room doors with not more than one releasing operation. LSC Section 7.2.1.5.4 states a latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation and readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 inches, and not more than 48 inches above the finished floor. Doors shall be operable with not more than one releasing operation. Section A.7.2.1.5.4 states examples of devices that might be arranged to release latches include knobs,</p>	K 038	No harm occurred. Deadbolt locks were removed. Stainless cover plates were purchased and installed on all 5 doors. All residents had the potential to be affected. No residents experienced harm. No doors in the facility require a key for exiting. Completion date: 4/23/2015	04/23/2015
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	<p>levers, and panic bars. This deficient practice could affect 10 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Plant Supervisor during a tour of the facility from 11:00 a.m. to 2:05 p.m. on 04/21/15, the following was noted:</p> <p>a. the corridor door to the Redbud Hall Bathing Room, Sycamore Hall Bathing Room and two of two corridor doors in the 200 Hall Bathing Room each has two locks on the door, and a key was needed to unlock the deadbolt lock from inside the bathing rooms on each door.</p> <p>b. the Education Room restroom door has two locks on the door and a key was needed to unlock the deadbolt lock from inside the restroom on the door.</p> <p>Based on interview at the time of the observations, the Plant Supervisor acknowledged the aforementioned doors each required more than one releasing operation to open the door and required a key to unlock the door from inside each room.</p> <p>3-1.19(b)</p>			

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K 056 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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>Based on observation and interview, the facility failed to ensure sprinkler installation in 1 of 4 mezzanine areas used for facility utility equipment to provide coverage for all portions of the building. This deficient practice could affect 25 residents, staff and visitors in Dogwood Hall.</p> <p>Findings include:</p> <p>Based on observation with the Plant Supervisor during a tour of the facility from 11:00 a.m. to 2:05 p.m. on 04/21/15, the Dogwood Hall mezzanine area used for facility utility equipment was not sprinklered. Based on interview at the time of observation, the Plant Supervisor acknowledged the Dogwood Hall mezzanine area used for facility</p>	K 056	<p>No harm occurred. Koorsen fire and security company was contracted to install 5 sprinkler heads in the mezzanine area used for facility utility equipment. No residents were harmed. Residents in the dogwood neighborhood had the potential to be affected. No harm was experienced by these residents. Sprinkler heads were installed by Koorsen fire and security company and Koorsen will complete a visual inspection of the area annually to insure all areas are protected by sprinklers. Documentation to the testing will be presented to the Quality Assurance Committee annually. Date completed: 4/24/2015</p>	04/24/2015			

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	utility equipment was not sprinklered. 3.1-19(b) 3.1-19(ff)				