

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155298	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2015
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NAME OF PROVIDER OR SUPPLIER PYRAMID POINT POST-ACUTE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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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: 03/18/15</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pyramid Point Post-Acute Rehabilitation Center 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 three story facility was determined to be of Type II (222) construction and fully sprinklered except for the second floor Bath House by Room 226 and the third floor Bath House by Room 336.</p>	K 000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The facility is requesting a desk review.</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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K 020 SS=E Bldg. 01	<p>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 135 and had a census of 54 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered except for the second floor Bath House by Room 226 and the third floor Bath House by Room 336. The facility has two detached buildings providing facility storage services which were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>Based on observation and interview, the facility failed to enclose 1 of 4 stairwell vertical openings with construction having a fire resistance rating of one hour. This deficient practice could affect</p>	K 020	<p>K020</p> <p>1.What corrective actions will be accomplished for those residents found to be affected by the deficient practice.</p>	04/17/2015	

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K 033 SS=E Bldg. 01	<p>28 residents, staff and visitors in the smoke compartment adjoining the stairwell by Room 221.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 2:00 p.m. on 03/18/15, the second floor stairwell door by Room 221 had an affixed fire resistance label stating the door had a 30 minute fire resistance rating. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned door in the second floor stairwell door by Room 221 failed to maintain a fire resistance rating of one hour for the stairwell vertical opening.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire</p>		<p>The stairwell door by room 221 will be replaced with a door that is fire rated for one hour. See attachment #1.</p> <p>1. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. No resident were affected at this time.</p> <p>1. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur. All fire doors leading to the stairwells were checked and currently are rated for one hour. If at any time the fire doors are replaced they will be replaced with doors with a one hour fire rating.</p> <p>1. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put in place. The door will be installed and once in place will have the fire rating tag adhered to the door. All stairwell doors will be monitored quarterly to assure placement of the fire rating tags. Results of the quarterly inspections will be reported to the QA committee, ongoing.</p>		

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	<p>resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1</p> <p>Based on observation and interview, the facility failed to enclose 1 of 4 exit stairwells with construction having a fire resistance rating of one hour. This deficient practice could affect 28 residents, staff and visitors in the smoke compartment adjoining the stairwell by Room 221.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 2:00 p.m. on 03/18/15, the second floor stairwell door by Room 221 had an affixed fire resistance label stating the door had a 30 minute fire resistance rating. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned door in the second floor stairwell by Room 221 failed to maintain a fire resistance rating of one hour for the exit stairwell.</p> <p>3.1-19(b)</p>	K 033	<p>K033</p> <p>1.What corrective actions will be accomplished for those residents found to be affected by the deficient practice.</p> <p>The stairwell door by room 221 will be replaced with a door that is fire rated for one hour. See attachment #1.</p> <p>1.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>No resident were affected at this time.</p> <p>1.What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>All fire doors leading to the stairwells were checked and currently are rated for one hour. If at any time the fire doors are replaced they will be replaced with doors with a one hour fire rating.</p> <p>1.How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put in place.</p> <p>The door will be installed and once in place will have the fire rating tag adhered to the door. All stairwell doors will be monitored quarterly to</p>	04/17/2015	

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K 056 SS=D 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 1 of 1 sprinkler systems was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 5-6.5 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 5-6.5.2 and 5-6.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. This deficient practice could affect two residents and staff.</p> <p>Findings include:</p>	K 056	<p>assure placement of the fire rating tags. Results of the quarterly inspections will be reported to the QA committee, ongoing.</p> <p>K056</p> <p>1. What corrective actions will be accomplished for those residents found to be affected by the deficient practice. One new sprinkler was added to thesecond and third floor shower house. Seeattachment #2.</p> <p>1. How other residents having the potential to beaffected by the same deficient practice will be identified and what correctiveactions will be taken. No residents were affected by themissing sprinkler head.</p> <p>1. What measures will be put in place or whatsystemic changes</p>	04/17/2015

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K 147 SS=E Bldg. 01	<p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 2:00 p.m. on 03/18/15, the second floor Bath House by Room 226 and the third floor Bath House by Room 336 are each both an "L" shaped room with a ceiling mounted pendant sprinkler provided near the corridor door but with no sprinkler provided for the shower stall. A wall blocks the installed sprinkler from providing sprinkler coverage to each shower stall. In addition, a shower curtain for each shower stall runs from a ceiling bulk head to the floor and additionally blocks sprinkler coverage for each shower stall. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned shower stalls were each not provided with a sprinkler to ensure adequate coverage.</p> <p>3.1-19(b) 3.1-19(ff)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not</p>	K 147	<p>will be made to ensure that the deficient practice does not recur. The shower heads have been installed. The shower heads will be replaced on the quarterly sprinkler inspection.</p> <p>1. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put in place. The sprinkler heads have been installed and placed on the quarterly inspection. Quarterly inspections will be reviewed by the QA committee, ongoing.</p> <p>K147 1. What corrective actions will be accomplished for those residents found to be affected by</p>	04/17/2015

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	<p>used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 5 residents, staff and visitors in the vicinity of the Department of Staff Development (DSD) Office on the first floor.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 2:00 p.m. on 03/18/15, a refrigerator was plugged into a power strip in the DSD Office on the first floor. Based on interview at the time of observation, the Maintenance Supervisor acknowledged a power strip was being used as a substitute for fixed wiring at the aforementioned location.</p> <p>3.1-19(b)</p>		<p>the deficient practice.</p> <p>No residents were affected by this practice. The refrigerator is plugged directly into an outlet.</p> <p>1. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>No residents were affected. The maintenance Director was in-serviced on proper use of power strips and what must be plugged directly into an outlet on 4-2-15..</p> <p>1. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Refrigerators will be added to the preventive maintenance schedule. Refrigerators will be monitored monthly to assure they are plugged directly into an outlet.</p> <p>1. How the corrective actions will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put in place.</p> <p>Maintenance Director will report monthly to the QA committee any findings, ongoing.</p>		