

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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K 0000 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: 06/18/15</p> <p>Facility Number: 000105 Provider Number: 155198 AIM Number: NA</p> <p>At this Life Safety Code survey, Marquette was found not in compliance with Requirements for Participation in Medicare, 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 two 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 in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 96 and had a census of 68 at</p>	K 0000		

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 0050 SS=C Bldg. 01	<p>the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <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 conduct quarterly fire drills at unexpected times under varying conditions on the fourth shift for 4 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Monthly Fire Alarm Test" and "Fire/Evacuation Disaster Drill" documentation with the Maintenance Director during record review from 9:05 a.m. to 11:50 a.m. on 06/18/15, fourth shift (11:00 p.m. to 5:00</p>	K 0050	<p>K 050</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>No residents were found to be affected by this alleged deficient practice</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what</p>	06/27/2015	

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	<p>a.m.) fire drills conducted on 09/17/14, 11/19/14, 01/27/15 and 05/29/15 were conducted at, respectively, 12:30 a.m., 1:00 a.m., 1:30 a.m. and 12:15 a.m. Based on interview at the time of record review, the Maintenance Director stated the facility operates four six hour shifts per day and acknowledged at the time of the exit interview at 2:30 p.m. fourth shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p>		<p>corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Fire Drill was held at 3:30 am on 6/22/15, with good staff response. A schedule has been developed for upcoming fire drills to ensure varying times of the four – six hour shifts are maintained. Fire drills will be unannounced and at varying times throughout the shifts. The Health Center Maintenance Supervisor will track the drills to ensure varied times. Plant Director and Administrator will monitor Fire Drill reports to ensure compliance.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p>		

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K 0062 SS=F Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review, observation and interview; the facility failed to ensure 9 of 9 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient</p>	K 0062	<p>Health Center Maintenance Supervisor will report results of fire drills at the monthly Quality Assurance Performance Improvement meetings to ensure compliance and obtain committee recommendations if necessary.</p> <p>-</p> <p>5. Compliance Date: 6/27/15</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>No residents were found to be affected by this alleged deficient practice.</p>	06/27/2015

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	<p>practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire & Security's "Fire Hydrant Inspection" report dated 05/21/14 with the Maintenance Director during record from 9:05 a.m. to 11:50 a.m. on 06/18/15, documentation of facility fire hydrant inspection for 9 fire hydrants within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Maintenance Director stated the facility has privately owned fire hydrants on the premises and acknowledged documentation of facility owned fire hydrant inspections within the most recent twelve month period was not available for review. Based on observation with the Maintenance Director during a tour of the facility from 11:50 a.m. to 2:15 p.m. on 06/18/15, facility owned fire hydrants were noted on the premises.</p> <p>3.1-19(b)</p>		<p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Koorsen has performed the fire hydrant check on nine hydrants on 6/22/15. Annual checks have been added to PM Works for April of 2016, to allow for adequate time to schedule the hydrant check to meet annual requirements. Health Care Maintenance Supervisor and Plant Director will review all inspection requirements and ensure they have been entered into PM Works for timely notification.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice</p>		

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			<p>will not recur, i.e., what quality assurance program will be put into place;</p> <p>Health Care Maintenance Supervisor will report results of inspections to the monthly Quality Assurance Performance Improvement meeting to ensure compliance and to obtain recommendation if necessary.</p> <p>5. Compliance Date: 6/27/15</p>		