

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155766	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2015
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NAME OF PROVIDER OR SUPPLIER MAPLE MANOR CHRISTIAN HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 643 W UTICA ST SELLERSBURG, IN 47172
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 08/28/15</p> <p>Facility Number: 000563 Provider Number: 155766 AIM Number: 100267610</p> <p>At this Life Safety Code survey, Maple Manor Christian Home Inc 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, spaces open to the corridors, hard wired smoke detectors in resident rooms 300, 301,</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 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 0062 SS=F Bldg. 01	<p>302, 303, 304, 305, 306. 307. 308 and battery operated smoke detectors in the remaining resident sleeping rooms. The facility has a capacity of 57 and had a census of 49 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed 09/03/2015-LB</p> <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 and interview, the facility failed to ensure 1 of 1 dry pipe automatic sprinkler piping systems was inspected every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. Section 10-2.2, Obstruction Prevention, states systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures</p>	K 0062	<p>The deficient practice of not meeting the standard of having the automatic sprinkler piping systems being inspected every five years as required by NFPA 25 has been corrected This deficiency could have affected all Residents. The corrected action was taken on September 4, 2015 and the form for the inspection of the pipes will be uploaded and sent in with this plan of correction The Administrator and/or his designee will be in contact with Koorsen to make sure that the next inspection that will take place in 2020 will be scheduled and done</p>	09/04/2015

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K 0000 Bldg. 04	<p>that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of Quarterly Sprinkler System Inspection Reports and interview with the administrator and maintenance supervisor on 08/28/15 at 9:20 a.m., the most recent internal inspection of the sprinkler system pipes had been conducted on 11/10/09. Based on interview at the time of record review, the administrator indicated an internal pipe inspection was scheduled with Koorsen Fire and Security and will be conducted over the next month. The lack of a five year internal pipe inspection for the dry pipe sprinkler system was verified by the administrator at the time of record review and interview, and acknowledged by the administrator at the exit conference on 08/28/15 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by</p>	K 0000		

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	<p>the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/28/15</p> <p>Facility Number: 000563 Provider Number: 155766 AIM Number: 100267610</p> <p>At this Life Safety Code survey, Maple Manor Christian Home Inc 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) and 410 IAC 16.2. The 2011 Visitor Room addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2011 addition to the one story facility with a basement was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, spaces open to the corridors, hard wired smoke detectors in resident rooms 300, 301, 302, 303, 304, 305, 306, 307, 308 and battery operated smoke detectors in the remaining resident rooms. The facility has a capacity of 57 and had a census of 49 at the time of this</p>			

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K 0062 SS=F Bldg. 04	<p>visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed 09/03/2015-LB</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 dry pipe automatic sprinkler piping systems was inspected every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. Section 10-2.2, Obstruction Prevention, states systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice affects all residents who use the</p>	K 0062	<p>The deficient practice of not meeting the standard of having the automatic sprinkler piping systems being inspected every five years as required by NFPA 25 has been corrected This deficiency could have affected all Residents. The corrected action was taken on September 4, 2015 and the form for the inspection of the pipes will be uploaded and sent in with this plan of correction The Administrator and/or his designee will be in contact with Koorsen to make sure that the next inspection that will take place in 2020 will be scheduled and done</p>	09/04/2015	

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	<p>visitor room addition.</p> <p>Findings include:</p> <p>Based on review of Quarterly Sprinkler System Inspection Reports and interview with the administrator and maintenance supervisor on 08/28/15 at 9:20 a.m., the most recent internal inspection of the sprinkler system pipes had been conducted on 11/10/09. Based on interview at the time of record review, the administrator indicated an internal pipe inspection was scheduled with Koorsen Fire and Security and will be conducted over the next month. The lack of a five year internal pipe inspection for the dry pipe sprinkler system was verified by the administrator at the time of record review and interview, and acknowledged by the administrator at the exit conference on 08/28/15 at 12:45 p.m.</p> <p>3.1-19(b)</p>						