

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155493	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2013
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NAME OF PROVIDER OR SUPPLIER SCENIC HILLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 311 E FIRST ST FERDINAND, IN 47532
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K010000	<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: 04/16/13</p> <p>Facility Number: 000534 Provider Number: 155493 AIM Number: 100267220</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Scenic Hills Care Center was found in substantial 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery operated smoke detectors in all resident</p>	K010000	<p>Preparation 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 on the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by Federal and State law. This plan of correction is submitted in order to respond to the allegations cited during annual Life safety Code survey review concluding on 4-16-13 Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 5-8-2013 We respectfully request a desk review for complianceas the hard wired smoke detector was installed by Vanguard Alarm Services in the maintenance office on 4/26/13 @ 9:28am</p>	

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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	<p>sleeping rooms. The facility has a capacity of 88 and had a census of 80 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/18/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010017 SS=B	<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 "work areas" was separated from the corridor by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided:</p> <p>(a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by an automatic sprinklers, and (c) The space is arranged not to obstruct access to required exits. This deficient practice could affect 23 residents, as well</p>	K010017	<p>K 017 All residents are at risk to be affected by the alleged deficiency and through alterations in processes and in servicing the campus will ensure that all "work areas" separated from the corridor by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception #6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto the same smoke compartment are protected by an eclectically supervised automatic smoke detection system, and (b) Each space is arranged not to obstruct access to required exits. Completion Date 5-8-2013 Systemic change the campus</p>	05/08/2013			

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	<p>as staff and visitors in 100 hall as well as anyone while in the front lounge area.</p> <p>Findings include:</p> <p>Based on an observation on 04/16/13 at 11:20 a.m. during a tour of the facility with the Director of Plant Operations, the "work area" in the 100 hall, which consisted of copying, filing, and other paperwork was open to the corridor. This area was used only for copying and filing and not used as a storage area. There was no separating wall or door to the corridor. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the 100 hall "work area" was not protected by an electrically supervised automatic smoke detection system. There was, however, a battery operated smoke detector in the "work area." This was acknowledged by the Director of Plant Operations at the time of observation.</p> <p>3.1-19(b)</p>		<p>installed an electrically supervised automatic smoke detection system in the workroom mentioned in the 2567. Completion Date 5-8-2013</p> <p>The electrically supervised automatic smoke detection will be monitored by Vanguard routinely with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 5-8-2013</p>		