

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2013
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NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060
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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: 12/17/13</p> <p>Facility Number: 012305 Provider Number: 155779 AIM Number: 200987990</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Prairie Lakes Health Campus 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of two separate one story buildings: the Main Campus building and the Legacy building. Each building is Type V (111) construction, fully sprinklered and has a fire alarm system with smoke detection in the corridors and in all areas open to the</p>	K010000		
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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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	<p>corridor. Each building has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 130 and had a census of 82 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 12/30/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 51 of 51 battery powered lights for 12 months. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Test Log for Exit/Egress Lights with Battery Backup" documentation for 2012 and 2013 with the Director of Plant Operations during record review from 9:35 a.m. to 12:00 p.m. on 12/17/13, documentation of an annual ninety minute test for each of 27 battery operated emergency lights in the Main Campus building and each of 24 battery operated emergency lights in the</p>	K010046	<p>Responses to the cited findings do not constitute an admission or agreement by the facility of the truth of the alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law. In response to the cited findings R/T to K046, the following corrective actions were taken: A) With respect to these findings, no residents were adversely affected. B) With respect to how to facility will identify residents with the potential for the identified concern and take corrective action: On 12/04/13 the emergency lighting equipment test was completed. A proper written record will be maintained for future inspections. C) With respect to what systematic measures have been put into place to address the stated concern: The Executive Director will review LSC 7.9.3 Periodic Emergency Lighting Testing with the Director of Plant Services. D) With respect to how the plan of corrective measures will be monitored: The monthly tests to be reviewed in QA for 6 months, with the 90 minute annual done during January each year. E) Date of</p>	01/16/2014			

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	<p>Legacy Building within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Director of Plant Operations acknowledged documentation of an annual ninety minute test for 51 battery operated emergency lights in the facility was not available for review. Based on observations with the Director of Plant Operations during a tour of the facility from 12:35 p.m. to 4:35 p.m. on 12/17/13, 51 battery powered emergency lights were observed in the facility and each light functioned when their respective test button was depressed.</p> <p>3.1-19(b)</p>		<p>compliance with proposed actions: 1/16/2014</p>	

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K010070 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 18.7.8</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 portable space heaters were not used in health care occupancies. This deficient practice affects 39 residents in the vicinity of the atrium lounge by the Noble Lane Hall in the Main Campus building and 13 residents in the vicinity of the lounge by the dining area in the Legacy Building.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations during a tour of the facility from 12:35 p.m. to 4:35 p.m. on 12/17/13, the following was noted:</p> <p>a. an electric space heater enclosed inside a portable fireplace display unit was in use in the atrium lounge by Noble Lane Hall in the Main Campus building. One resident in a wheel chair was observed sitting within one foot of the aforementioned portable space heater.</p> <p>b. an electric space heater enclosed inside a portable fireplace display unit was in use in the lounge by the dining area in the Legacy Building.</p>	K010070	<p>Responses to the cited findings do not constitute an admission or agreement by the facility of the truth of the alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law. In response to the cited findings R/T to K070, the following corrective actions were taken: A) With respect to these findings: no residents were adversely affected. B) With respect to how to facility will identify residents with the potential for the identified concern and take corrective action: Both fireplace heating elements were disconnected, no longer producing heat or providing a heat source. C) With respect to what systematic measures have been put into place to address the stated concern: The heating elements are permanently disconnected and inoperable. D) With respect to how the plan of corrective measures will be monitored: Furthering monitoring is not necessary. E) Date of compliance with proposed actions:</p>	01/16/2014

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	Based on interview at the time of the observations, the Director of Plant Operations acknowledged portable space heaters were in use in the aforementioned health care areas. 3.1-19(b)		1/16/2014	