

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155570	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/31/2013
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NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MC CORDSVILLE, IN 46055
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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: 12/31/13</p> <p>Facility Number: 000477 Provider Number: 155570 AIM Number: 100290860</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pleasant View Lodge 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 one story facility with a partial basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the</p>	K010000	<p>January 17, 2014 Kim Rhoades, Director Long Term Care Indiana State Department of Health 2 N. Meridian Street Indianapolis, IN 46204-3006 Dear Kim Rhoades, Please accept our Plan of Correction as our creditable allegation of compliance. I would like to request a paper compliance review if possible. If you have any questions please feel free to call me at 317-335-2159. Sincerely, Colleen McCreary-Warnick Administrator</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>corridor and in resident Room 22. The facility has battery operated smoke detectors in 20 of 21 resident sleeping rooms. The facility has a capacity of 48 and had a census of 38 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The Administrator's office is an unsprinklered, detached 14 x 70 foot mobile home. Additionally, the facility has an unsprinklered, detached 2 story wood frame pole barn housing a generator, sprinkler storage tank and fire pump; an unsprinklered, detached 2 car garage used for oxygen storage; and an unsprinklered, 2 story wood barn used for housing a lawn mower and tractor and a snow blower.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/06/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010062 SS=F	<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 document weekly fire pump inspection, testing and maintenance for 1 of 1 fire pumps for the most recent twelve month period. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition, Chapter 5-1.1 provides the minimum requirements for the routine inspection, testing, and maintenance of fire pump assemblies. Table 5-1.1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. Chapter 5-3.2.1 requires a weekly test of electric motor driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically. The pump shall run a minimum of 10 minutes.</p> <p>Exception: A valve installed to open as a safety feature shall be permitted to discharge water.</p> <p>NFPA 25, 5-3.2.2.1. says, "The automatic weekly test timer shall be permitted to be substituted for the starting procedure."</p>	K010062	<p>1. Corrective action: We performed a weekly fire pump inspection, testing and maintenance on the fire pump. 2. Identification of other residents: All residents have the potential for being affected. 3. Measures to prevent reoccurrence: We received a monitoring checklist form from our Fire Protection Contractor to conduct weekly inspections of the fire pump. An in-service training was conducted on January 16, 2014 with the maintenance department to review the new monitoring checklist for the weekly inspection, testing and maintenance of the fire pump. 4. Continued monitoring: The maintenance department will monitor the weekly fire pump inspection, testing and maintenance on the fire pump. The Quality Assurance Program will monitor the weekly fire pump inspection, testing and maintenance on the fire pump quarterly until 100% compliancy is met within a 9 month period.</p>	01/16/2014			

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	<p>The pertinent visual observations specified in Chapter 5-2.2.1 through Chapter 5-2.2.3 shall be performed weekly. NFPA 25, Chapter 1-8 states records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:20 a.m. to 11:30 a.m. on 12/31/13, documentation of weekly fire pump inspection, testing and maintenance for 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 11:30 a.m. to 1:00 p.m. on 12/31/13, the facility has a sprinkler system water storage tank and fire pump in a detached building. Based on interview at the time of record review and observation, the Maintenance Director stated he was unaware weekly fire pump inspection, testing and maintenance was required and acknowledged documentation of weekly fire pump inspection, testing and maintenance for the most recent twelve</p>				

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K010144 SS=C	<p>month period was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break glass station located outside of the room where the prime mover is located. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 9:20 a.m. to 11:30 a.m. on 12/31/13, a remote shut off device</p>	K010144	<p>1. Corrective Action: We will have a remote manual stop station installed away from the generator. 2. Identification of other residents: All residents have the potential for being affected. 3. Measures to prevent reoccurrence: We added to our weekly preventive maintenance checklist to monitor the remote manual stop station for the physical condition. An in-service was conducted on January 16, 2014 for the maintenance department. 4. Continued monitoring: The maintenance department will monitor the remote manual stop station on the weekly preventive maintenance checklist.</p> <p>The Quality Assurance Program will monitor the weekly preventive maintenance logs to ensure they are filled out completely until 100% compliancy is met within a 9 month period.</p>	01/30/2014	

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	<p>was not found for the 60 kilowatt emergency generator. A nameplate on the emergency generator could not be found stating the unit manufacture date. Based on interview at the time of observation, the Maintenance Director stated the emergency generator was installed as a brand new emergency generator within the last year and acknowledged there is no remote emergency shut off for the emergency generator.</p> <p>3.1-19(b)</p>			