

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155821	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/09/2015
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NAME OF PROVIDER OR SUPPLIER ASPEN TRACE HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3154 S SR 135 GREENWOOD, IN 46143
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K 000 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: 04/09/15</p> <p>Facility Number: 013185 Provider Number: 155821 AIM Number: 201221460</p> <p>At this Life Safety Code survey, Aspen Trace Health and Living Community 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 one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 104 and had a census of 97</p>	K 000		
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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 025 SS=E Bldg. 01	<p>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>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 smoke barriers were constructed to maintain the one hour fire resistance rating of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire be protected, so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the</p>	K 025	This plan of correction is to serve as AspenTrace Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Aspen Trace or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of services in this facility. Nor does this submission constitute an agreement or admission of the	05/14/2015			

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K 051 SS=C	<p>smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 26 residents on Renaissance way hall as well as visitors and staff if smoke from a fire were to infiltrate the protective barriers.</p> <p>Findings include:</p> <p>Based on observation on 04/09/15 at 2:30 p.m. with the Maintenance Supervisor, the smoke wall next Therapy which is adjacent to Renaissance Way had fourteen wires in a four inch metal conduit which penetrated the smoke wall and had a one half inch gap around the pipe which was not firestopped or sealed with a nonflammable, fire resistance rated caulk.</p> <p>Based on interview on 04/09/15 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned opening in the smoke barrier had not been firestopped.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>		<p>survey allegations. We would like to request a desk review for the Aspen Trace Health and Living Community's annual 2015 LifeSafety survey as I am attaching verification that the repairs have been completed .</p> <p>K 025 The one and one-half inch smoke wall penetration has been sealed with a nonflammable, fire resistant rated putty (Spec Seal Commercial Fire Block Putty ASTM E 814) and the incorrect foam was removed</p> <p>ComplianceDate: May 9, 2015. Work completed: May 14, 2015</p> <p>The MaintenanceSupervisor/designee will inspect the work area after any work is completed that could result in penetration of a firewall to insure the firewall is sealed. The Administrator of Aspen Trace Health and Living Community is responsible to ensure compliance of this Plan of Correction.</p>	

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Bldg. 01	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/09/15 at 1:34 with the Maintenance Supervisor the breaker for the fire alarm panel inside the Mechanical room on Service hall was not</p>	K 051	<p>K 051 The Fire Alarm Panel Power Breaker has had a printed identifying label added next to the power cutoff breaker that connects directly to our Fire Panel system. He changed the breaker switch to a red switch and labeled the door where the breaker is located with a red label. Compliance Date: May 9, 2015. Work completed: April 10, 2015 The Maintenance Supervisor/designee will inspect the Electrical Rooms monthly to insure the labels identifying Fire Panel Powershutoff breakers are in place. The Administrator of Aspen Trace Health and Living Community is responsible to ensure Compliance of this Plan of Correction.</p>	04/10/2015

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K 143 SS=F Bldg. 01	<p>marked in any way. Based on interview on 04/09/15 at 1:35 p.m. with the Maintenance Supervisor it was acknowledged the fire alarm circuit breaker was not correctly identified.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation. This deficient practice could affect all residents as well as visitors and staff in the area.</p>	K 143	<p>K 143 The Oxygen rooms continuously running electrically powered ventilation was not venting to the outside. An outside contractor reversed the wiring to correct the rotation of ventilation fan thus allowing the fans to continuously exhaust from the rooms. Compliance Date: May 9, 2015. Work completed: April 13, 2015 The</p>	04/13/2015	

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	<p>Findings include:</p> <p>Based on observations on 04/09/15 during the tour between 12:06 p.m. to 3:30 p.m. with the Maintenance Supervisor, the oxygen storage rooms on Heritage court, Cherished Memories, Renaissance Way and Ambassador Square which were used to store and transfer oxygen were not provided with electrically powered vents. Based on interview on 04/09/15 concurrent with the observations it was acknowledged by the the Maintenance Supervisor these rooms were used to transfer oxygen and was unaware the vents had to be electrically powered.</p> <p>3.1-19(b)</p>		<p>Maintenance Supervisor/designee added the Oxygen ventilation fan inspection to TELS, his preventive maintenance program. He now monitors the fans for continuous operation on a monthly basis. NOTE: The TELS program automatically crosses through the job when it is completed. The Administrator of Aspen Trace Health and Living Community is responsible to ensure Compliance of the Plan of Correction.</p>				