

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/02/2013
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NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
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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: 04/02/13</p> <p>Facility Number: 000135 Provider Number: 155230 AIM Number: 100266820</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rosebud Village 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 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, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a</p>	K010000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible evidence and request a desk review in lieu of post re-certification on or after 4/10/13.</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>capacity of 110 and had a census of 63 at the time of this visit.</p> <p>All areas where 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 04/16/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010021 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 8 of 8 smoke barrier door sets were held open by a device which would allow them to close upon activation of the fire alarm system and remain self closing until it is returned to normal operations. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 04/02/13 during a tour of the facility from 9:15 a.m. to 1:15 p.m., all eight smoke barrier door sets released initially with the fire alarm system but when the system was placed in silence mode and the doors were opened, the magnetic hold devices engaged</p>	K010021	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible evidence and request a desk review in lieu of post re-certification on or after 4/10/13.</p> <p>K 021 NFPA LIFE SAFETY CODE STANDARD</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>*Residents were not harmed by</p>	04/10/2013

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	<p>causing the smoke barrier doors to remain open instead of self closing as required. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the 1:15 p.m. exit conference on 04/02/13.</p> <p>3.1-19(b)</p>		<p>alleged deficient practice.</p> <p>*System was inspected and all 5 relays were replaced on all 8 the doors.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>* Residents who reside in this facility have the potential to be affected by the alleged deficient practice.</p> <p>*System was inspected and all 5 relays were replaced on all 8 the doors. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>* Monthly audit will occur during all fire drills; locking system will be evaluated and tested.</p> <p>*If the doors do not operate correctly, corrective action will be taken to make sure they do function properly. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>* Monthly audit will occur during all fire drills; locking system will be evaluated and tested by the maintenance director. If the doors</p>		

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			do not operate correctly corrective action will be taken.* Audit tools will be submitted to the CQI committee and action plans will be developed as needed.	

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K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 exit door electromagnetic locks remained unlocked while the fire alarm system was activated. LSC 19.2.1 requires every aisle, passageway, corridor, exit discharge, exit location, and access to be in accordance with Chapter 7. LSC 7.2.1.6.2(d) requires activation of the building fire protective signaling system shall automatically unlock the doors in the direction of egress, and the doors shall remain unlocked until the fire protective signaling system has been manually reset. This deficient practice affects 12 residents who reside on the Memory Care Unit.</p> <p>Findings include:</p> <p>Based on observation on 04/02/13 at 12:20 p.m. with the maintenance supervisor, the Memory Care Unit dining room exit door electromagnetic lock released and unlocked when the fire alarm was activated at 12:30 p.m., but reenergized when the fire alarm was silenced but not reset. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the 1:15 p.m. exit</p>	K010038	<p>K 38 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>*Residents were not harmed by alleged deficient practice. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>* Residents who reside in this facility have the potential to be affected by the alleged deficient practice.</p> <p>*The system was inspected and relays replaced with 1 cottage door. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>* Monthly audit will occur during all fire drills; locking system will be evaluated and tested</p> <p>How will the corrective</p>	04/10/2013			

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	conference on 04/02/13. 3.1-19(b)		action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? * Monthly audit will occur during all fire drills; locking system will be evaluated and tested by maintenance director. * Audit tools will be submitted to the CQI committee and action plans will be developed as needed.		

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K010067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 8 of 8 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/02/13 during a tour of the facility from 9:15 a.m. to 1:15 p.m. with the maintenance supervisor, all rooms in the facility use the egress corridors as a return air system. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the 1:15 p.m. exit conference on 04/02/13.</p> <p>3.1-19(b)</p>	K010067	<p>K 67 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>*We are currently seeking a temporary waiver for K 67. This waiver will allow us to obtain bids and have the renovations completed within 90 days, or by June 27 th , 2013. Please approve this waiver.</p>	04/10/2013