

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/13/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY PARKVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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K010000	<p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/13/14</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Parkview Care Center 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in</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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K010061 SS=F	<p>all resident sleeping rooms. The facility has a capacity of 92 and had a census of 67 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached garage for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/19/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 Based on observation and interview, the</p>	K010061	The plan of correction for K-0061	09/12/2014	

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	<p>facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.2.1 requires automatic sprinkler systems shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure and air pressure on dry pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building which is constantly attended by qualified personnel or a an approved, remotely located receiving facility. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 08/13/14 at 1:07 p.m. with the Maintenance Supervisor, the two main sprinkler shut off valves for the sprinkler riser located in the mechanical room on 100 hall had a chain connected to each main shut off which was padlocked but did not have electrically supervised tamper switches</p>		<p>will be to install electronically supervised tamper switches onto the main valves to monitor the integrity of the system. Since no residents were harmed by this deficient practice but had the potential to be the facility has contacted it's local fire protection company to install the electronically supervised monitoring system and will provide documentation upon the surveyors return. Since the system is electronic it will monitor itself notifying staff of tampering or interruption during a power outage. The facility will inform of all staff of the new devices installed on the sprinkler system to ensure all staff is aware of the need and operation of the monitoring system. This will be completed by the 12th of September 2014. I am uploading and sending the verification of installation of the 2 installed tamper switches.</p>		

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K010144 SS=F	<p>on either main valve to monitor the integrity of the system. Based on interview on 08/13/14 at 1:10 p.m. with the Maintenance Supervisor, it was acknowledged the facility did no know about the need for electrically supervised tamper switches on sprinkler valves.</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 record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30</p>	K010144	<p>Since no residents were harmed by this deficient practice but had the potential to be, the plan of correction for F-0144 will be to have our generator company to equip the generator so that when exercised it will be under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating. I will be able to send verification of this service on thursday the 11th of September after the service has been provided. Records of the minimum 30 minute monthly load tests will be documented and kept by the maintenance supervisor. All documentation of monthly generator tests will be taken to our quarterly QA for review and any changes needed. This will ensure that this deficient practice</p>	09/12/2014

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	<p>minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Generator System Testing records and Maintenance logs on 08/13/14 at 2:38 p.m. with the Maintenance Supervisor, the amperage during load was documented to be 21 percent of the nameplate rating for the past twelve months. Based on interview on 08/13/14 concurrent with record review with the Maintenance Supervisor, it was acknowledged the facility had been running the generator monthly, but was unaware it had to be exercised at not less than 30 percent of the rating. No other equivalent method was used to comply with percentage of load capacity for the past twelve months.</p> <p>3.1-19(b)</p>		does not recur. The date of this plan of correction will be September 12th 2014.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

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