

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155718	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY NORTHVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1235 W CROSS ST ANDERSON, IN 46011
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K0000	<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: 03/06/12</p> <p>Facility Number: 000562 Provider Number: 155718 AIM Number: 100267150</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Northview 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, spaces open to the corridors with none in resident rooms. The facility</p>	K0000		

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>has a capacity of 101 and had a census of 69 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/09/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half 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 and steel 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. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 smoke barrier walls was protected to maintain the one half 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 smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 24 residents on Dogwood hall as well as visitors and staff if smoke from a fire were to infiltrate the protective barrier wall.</p> <p>Findings include:</p> <p>Based on observations on 03/06/12 at</p>	K0025	K-025The smoke barrier wall was filled in to prevent smoke from coming through. In order to identify this from recurring the maintenance department will add this check off task to their monthly list. This will prevent this from recurring.The results of these checks will be provided to our quarterly QAA for updates and compliance.The facility has the Tels system through direct supply so alerts are automatically sent to the Administrator if this task has not been completed.The POC is 4/5/2012	04/05/2012			

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	<p>2:50 p.m. with the Maintenance Supervisor, drywall above the above the suspended ceiling at the Dogwood hall smoke barrier wall had a four inch diameter sprinkler pipe penetrating the smoke wall at the bottom center of the wall with a one inch gap around the pipe, a one and one half inch diameter sprinkler pipe with a one half inch opening around the pipe at the top of the wall, and a three inch by six inch opening at the bottom left of the wall which were not firestopped or sealed with a fire rated material.</p> <p>Based on interview on 03/06/12 at 2:59 p.m. with the Maintenance Supervisor, it was acknowledged the Dogwood hall smoke barrier wall had unprotected openings which were not sealed with a fire rated material.</p> <p>3.1-19(b)</p>			

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, 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 in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. 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 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 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 03/06/12 at</p>	K0051	<p>K-051 Since this deficient practice could affect all residents, the fire alarm system circuit breaker has been marked in red and is only available to authorized personnel. This item will be added to our monthly Tels check system to ensure it remains properly marked. The results of those checks will be provided to our QAA for review and updates. This will be ongoing . The POC is 4-5-2012</p>	04/05/2012

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	<p>12:10 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could not be located. Based on interview on 03/06/12 at 12:15 p.m. with the Maintenance Supervisor, it was acknowledged the location of the breaker for the fire alarm panel was unknown..</p> <p>3.1-19(b)</p>			

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K0066 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation, record review and interview; the facility failed to ensure cigarette butts were deposited into a noncombustible container instead of on the ground in 1 of 1 areas where smoking was permitted. This deficient practice could affect 10 residents observed in the main dining room as well as visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 03/06/12 at 1:15 p.m. with the Maintenance Supervisor, 60</p>	K0066	K-066 The Facility currently has 3 residents that smoke outside of our facility. The facility Policy has been updated to include the proper disposal of cigarettes into an approved container. The residents have been inserviced on the new policy as have the staff that are responsible for supervision. Containers are available for the smokers to dispose of their cigarettts properly. The housekeeping supervisor will check the resident smoking area 2xs a week during her rounds to ensure that the cigarettes are being disposed of	04/05/2012

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	<p>cigarette butts were strewn on the ground just outside the main dining room, not in a noncombustible container. Based on review of the smoking policy on 03/06/12 at 3:45 p.m. with the Maintenance Supervisor, the smoking policy did address the proper disposal of extinguished cigarette butts. Based on interview on 03/06/12 at 1:22 p.m. with the Maintenance Supervisor, it was acknowledged extinguished cigarette butts were thrown on to the ground and not into an approved container.</p> <p>3.1-19(b)</p>		<p>properly. She will document the compliance or not to report at our QAA for updates or changes. This will ensure this deficient practice does not recurr.</p>		

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K0143 SS=E	<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 1 of 1 oxygen storage rooms where oxygen transfer occurs was separated within a one hour fire rated enclosure. This deficient practice could affect 24 residents on Dogwood hall as well as visitors and staff near the oxygen storage room.</p> <p>Findings include:</p> <p>Based on observation on 03/06/12 at 1:22 p.m. with the Maintenance Supervisor, the door to the oxygen transfer room on Dogwood hall had a manufacturer's tag which verified it to be a twenty minute fire rated door. Based on interview on 03/06/12 at 1:23 p.m., it was acknowledged by the Maintenance</p>	K0143	K-0143 Since this deficient practice had the potential to affect 24 residents in the adjacent hall the facility is obtaining quotes and will replace the O2 room door with a door that meets the requirements of a one hor fire enclosure. The facility only has one O2 room in the building and the room only has one door to replace. This will ensure this deficient practice does not recur. The POC date for this deficiency is 4-5-2012.	04/05/2012			

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	Supervisor oxygen transfer occurs in the storage room and the fire rating of the corridor door to the oxygen transfer room was twenty minutes. 3.1-19(b)			