

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

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: 07/28/14</p> <p>Facility Number: 012466 Provider Number: 155786 AIM Number: 201014060</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Allisonville Meadows was found in substantial 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, in spaces open to the corridors, and hard wired smoke detectors in all</p>	K010000	<p>The statement made in this plan of correction are not an admission to and do not constitute an agreement with alleged deficiencies here in. To remain incompliance with all State and Federal regulations, Allisonville Meadows has taken the actions set forth in the following Plan of Correction. The plan of correction constitutes the homes allegation of compliance and respectfully request a desk review in lieu of a follow up survey. All alleged deficiencies cited have been corrected on 8/5/14.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010062 SS=C	<p>resident rooms. The facility has a capacity of 171 and had a census of 147 at the time of this survey.</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 08/04/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 private fire hydrants was continuously maintained in reliable operating condition and inspected and tested periodically.</p>	K010062	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; There were no residents, visitors, or families</p>	08/05/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014	
NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Systems report on 07/28/14 at 1:31 p.m. with the Maintenance Director, the facility lacked documentation of an annual inspection for one private fire hydrant outside the 300 hall exit on the northwest part of the premises. Based on interview concurrent with record review with the Maintenance Director, it was confirmed documentation of an annual fire hydrant inspection was not available for review.</p> <p>3.1-19(b)</p>		<p>affected as a result of the fire hydrant not being inspected. The fire hydrant was inspected by our fire protection services company, Pipe Incorporated on 8/5/14 and there were no issues with the operation of the fire hydrant.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents, families and visitors had the potential to be affected, however, we had the fire hydrant inspected on 8/5/14 and it is in good operating condition.</p> <p>What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur; The fire hydrant inspection will be included in our preventative maintenance manual and will get inspected on an annual basis by our fire protection company that we are contracted with.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; The fire hydrant inspection will take place on an annual basis and this will be monitored through our CQI program to ensure it is done annually by our fire protection services company who we are contracted with. The maintenance</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010154 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and staff interview, the facility failed to protect 148 of 148 residents by providing a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-2 requires an appointed sprinkler impairment coordinator. NFPA 25, 11-5 requires a preplanned program to include evacuation or an approved fire watch and 11-5(d) requires the local fire</p>	K010154	<p>Supervisor will ensure this is completed with appropriate documentation each year on or before August 5, 2015.</p> <p>What date the systemic changes will be completed. 8/5/14</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; There were no residents, visitors or families affected as a result of us not notifying all Necessary entities once the fire system has been restored. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents, families and visitors had the potential to be affected. I updated the policy on 8/5/14 to include all necessary entities listed: ISDH, Insurance Company, Dir. Of Operations, Security monitoring system, Local fire Dept., and any</p>	08/05/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014	
NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>department be notified of a sprinkler impairment. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified and 11-5(f) requires notification of supervisors in the area in addition to those already mentioned and lastly 11-7 requires notification of everyone again when the system is restored. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Maintenance Director on 07/28/14 at 1:45 p.m., the facility did have a written policy and procedure for an impaired fire protection system available for review, but it did not address notifying everyone again when the system is restored. Based on interview concurrent with record review it was acknowledged by the Maintenance Director, the fire watch policy did not address notification of all entities again once the system is restored.</p> <p>3.1-19(b)</p>		<p>other entity deemed necessary or required by law will be notified when the system is restored.</p> <p>What measures will be put in place or what systematic changes will be made to ensure that the deficient practice will not recur; The policy and procedure for the fire watch policy has been updated on 8/5/14 to include all necessary entities listed: ISDH, Insurance Company, Dir. Of Operations, Security Monitoring system, Local fire Dept and any other entity deemed necessary or required by law will be notified when the system is restored.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur; The Fire watch Policy was updated on 8/5/14 and it states all entities listed above will be notified once the system has been restored. This will be monitored through our CQI program an updated annually with any changes to our Fire watch policy.</p> <p>What date the systematic changes will be completed ; 8/5/14</p>				

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

PRINTED: 08/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2014
NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	