

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155237	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2015
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NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S SHELBY ST INDIANAPOLIS, IN 46227
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K 0000 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: 06/24/15</p> <p>Facility Number: 000142 Provider Number: 155237 AIM Number: 100266940</p> <p>At this Life Safety Code survey, Bethany 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) and 410 IAC 16.2. Building 0101 was surveyed using Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0101 was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the</p>	K 0000	The creation and submission of the Plain of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation or regulation This provider respectfully request that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVUIEW IN LIEU OF POST SURVEY REVIEW on or after July 24,2015	

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 0052 SS=F Bldg. 01	<p>corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 100 and had a census of 90 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, except for one detached storage shed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review, observation and interview; the facility failed to document annual functional testing of 85 of 85 fire alarm system smoke detectors. NFPA 72, 7-3.2 refers to fire alarm component testing frequencies in Table 7-3.2 which requires an annual functional test of smoke detector initiating devices. Section 7-5.2 requires a permanent record of all inspections, testing and maintenance shall be provided that includes information requested in Figure 7-5.2.2. This deficient practice could</p>	K 0052	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The building received the annual functional testing on 85 of 85 fire alarm smoke detectors on June 30, 2015. The building received previous annual functional testing on 85 of 85 fire alarm systems on June 18, 2014 and anticipated next test to occur before June 30th, 2015. The building received the annual functional testing on 85 of 85 fire</p>	07/24/2015

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	<p>affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Environmental Supervisor from 9:10 a.m. to 10:40 a.m. on 06/24/15, documentation of annual functional testing of all fire alarm system smoke detectors within the most recent twelve month period was not available for review. Review of Vanguard Alarm Services "Certificate of Inspection" documentation dated 12/10/14, 01/20/15 and 04/15/15 stated 85 fire alarm system smoke detectors are installed in the facility but did not include the results of smoke detector functional testing in any of the aforementioned three inspection reports. Review of I.E.I.'s "Inspection and Testing Form" documentation dated 06/18/14 stated the results of functional testing of 85 smoke detectors installed in the facility but indicated it has been more than one year since the most recent annual functional testing of 85 of 85 fire alarm system smoke detectors had been documented. Based on interview at the time of record review, the Environmental Supervisor stated the facility switched fire alarm system inspection contractors within the last year and acknowledged documentation of annual functional testing of all fire alarm system smoke</p>		<p>alarm smoke detectors on June 30, 2015.</p> <p>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> <ul style="list-style-type: none"> Residents currently living in the facility, visitors and staff have the potential to be affected by this alleged deficient practice. The building received the annual functional testing on 85 of 85 fire alarm smoke detectors on June 30, 2015. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Maintenance Supervisor will ensure annual functional testing on 85 of 85 fire alarm smoke detectors is conducted annually by contractor then verified by the Executive Director that functional test have been completed. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance Required Book CQI tool will be utilized weekly x 4, monthly x 5, Annual x 1. Data will be submitted to the CQI committee for follow up. If 95% threshold is not achieved, an action plan will be developed.</p> <p>-</p>	

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K 0062 SS=F Bldg. 01	<p>detectors within the most recent twelve month period was not available for review. Based on observations with the Environmental Supervisor during a tour of the facility from 11:50 a.m. to 1:30 p.m. on 06/24/15, smoke detectors hard wired to the fire alarm system were installed in the corridor, in all areas open to the corridor and in each of 50 resident sleeping rooms.</p> <p>3.1-19(a)</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. 19.7.6, 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 automatic sprinkler systems was inspected every five years as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 10-2.2 states systems shall be examined internally for obstructions where conditions exist that could cause</p>	K 0062	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The building scheduled with contractor the internal inspection of pipes to occur on July 24, 2015.</p> <p>How will you identify other residents having the potential to be affected by the same</p>	07/24/2015

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K 0147 SS=E	<p>obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of P.I.P.E.'s internal pipe inspection letter dated 04/26/15 with the Environmental Supervisor during record review from 9:10 a.m. to 10:40 a.m. on 06/24/15, it has been more than five years since the most recent documented internal pipe inspection for the facility's automatic sprinkler system. Based on interview at the time of record review, the Environmental Supervisor acknowledged it has been more than five years since the most recent documented internal pipe inspection for the facility's automatic sprinkler system.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>		<p>deficient practice and what correctiveaction will be taken?</p> <ul style="list-style-type: none"> Residents currently living in the facility, visitors and staff have the potential to be affected by this alleged deficient practice. <p>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Maintenance Supervisor will ensure that requiredautomatic sprinkler systems are continuously maintained in reliable operatingcondition and are inspected and tested periodically then verified by theExecutive Director that functionaltest have been completed. . <p>Howthe corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place?</p> <p>MaintenanceRequired Book CQI tool will be utilized yearly to ensure yearly inspections and required five yearinspections occur.. Data will besubmitted to the CQI committee for follow up. If 95% threshold is not achieved, an action plan will be developed.</p>		

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Bldg. 01	<p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 10 residents, staff and visitors in the vicinity of the Human Resources Office.</p> <p>Findings include:</p> <p>Based on observation with the Environmental Supervisor during a tour of the facility from 11:50 a.m. to 1:30 p.m. on 06/24/15, a large coffee pot was plugged into a power strip in the Human Resources Office. Based on interview at the time of observation, the Environmental Supervisor acknowledged a power strip was being used as a substitute for fixed wiring at the aforementioned location.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure access and working space was maintained in</p>	K 0147	<p>.Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice?</p> <p>·On 6/24/2015, the Maintenance Directorimmediately removed the 3' x 4' cart containing paint cans, combustible boxesand one rolled sheet of vinyl flooring that was stored within one foot offacility's main electrical panel in mechanical room behind maintenanceoffice.</p> <p>·On 6/24/2015, the Maintenance Directorimmediately disconnected the large coffee pot that was plugged into a powerstrip in the Human Resources Office.</p> <p>How will you identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?</p> <p>·Residents currently living in the facility, visitors and staff have the potential to be affected by this alleged deficient practice.</p> <p>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?</p> <p>· One3' x4' cart, roll sheet of vinyl flooring were removed on 6/24/15 from themechanical room behind the maintenance office.</p>	07/24/2015	

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	<p>enclosures housing electrical apparatus in 1 of 1 main electrical rooms. NFPA 70, Article 100-26(a) states working space for equipment operating at 600 volts, nominal, or less and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 100-26(a) (1), (2) and (3). Distances shall be measured from the live parts if such parts are exposed or from the enclosure front or opening if such are enclosed. Article 100-26(b) states the working space required by this section shall not be used for storage. This deficient practice could affect two staff and visitors in the Mechanical Room behind the Maintenance Office.</p> <p>Findings include:</p> <p>Based on observation with the Environmental Supervisor during a tour of the facility from 11:50 a.m. to 1:30 p.m. on 06/24/15, a three foot long by three feet wide by four foot high mobile plastic cart containing paint cans and combustible boxes was stored within one foot of the facility's main electrical panel in the Mechanical Room behind the Maintenance Office. In addition, one rolled sheet of vinyl flooring was also stored up against the facility's main electrical panel. Based on interview at</p>		<p>Maintenance Director will monitor to ensure compliance.</p> <ul style="list-style-type: none"> One large coffee pot was disconnected from a power strip on 6/24/15 in the HR office. <p>Maintenance Director will monitor to ensure compliance.</p> <ul style="list-style-type: none"> ED In-service Business officemanager and HR director that extension power strips are not acceptable within the office/building. Executive Director also in serviced maintenancesupervisor that storage of flammable items by electrical panel is unacceptable. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance CQI tool will be utilized weekly x 4, monthly x 5. Data will be submitted to the CQI committee for follow up. If 95% threshold is not achieved, an action plan will be developed.</p>	

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K 0000 Bldg. 02	<p>the time of observation, the Environmental Supervisor acknowledged a mobile cart containing paint cans and combustibel boxes and one rolled sheet of vinyl flooring were each stored within one foot of the working space in front of the enclosed main electrical panel in the Mechanical Room behind the Maintenance Office.</p> <p>3.1-19(b)</p> <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: 06/24/15</p> <p>Facility Number: 000142 Provider Number: 155237 AIM Number: 100266940</p> <p>At this Life Safety Code survey, Bethany 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</p>	K 0000	The creation and submission of the Plain of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation or regulation This provider respectfully request that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVUIEW IN LIEU OF POST SURVEY REVIEW on or after July 24,2015	

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	<p>Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. Building 0202 was surveyed using Chapter 18, New Health Care Occupancies.</p> <p>Building 0202 was constructed in 2012, was determined to be of Type V (111) construction, was fully sprinklered and consisted of the Therapy Room. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 100 and had a census of 90 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, except for one detached storage shed.</p>			