

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/17/2012
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NAME OF PROVIDER OR SUPPLIER ARBORS AT MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Surveys conducted on 09/05/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/17/12</p> <p>Facility Number: 000076 Provider Number: 155156 AIM Number: 100271060</p> <p>Surveyors: Dennis Austill, Life Safety Code Supervisor, Joe Brown, Life Safety Code Specialist</p> <p>At this PSR survey, the Arbors at Michigan City 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 determined to be of Type V (111) construction was fully sprinklered except where noted in K-56.</p>	K0000	<p>The submission of this plan of correction does not indicate an admission by The Arbors of Michigan City that the findings and allegations contained here in are accurate and true representations of the quality of care and services provided to the residents of The Arbors of Michigan City. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility here by maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirement governing the management of this facility. It is submitted as a matter of stature only.</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>The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hardwired smoke detectors in all 115 resident rooms. The facility has a capacity of 180 and had a census of 151 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered except were noted in K-56. The facility has converted the nonsprinklered detached building of wood frame construction from a resident smoking area to facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/24/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0017 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 areas were separated from the corridors by a partition capable of resisting the passage of smoke as required in a sprinklered building, or meet an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by automatic sprinklers, or the furnishings and furniture, in combination with all other combustibles within the area, are of such minimum quantity and</p>	K0017	The supervised automatic smoke detector in the front business office was installed on 11/18/12. Director of Plant Services will monitor to ensure continued compliance.	10/18/2012			

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	<p>arrangement that a fully fully developed fire is unlikely to occur and (c) The space is arranged not to obstruct access to required exits. This deficient practice could affect any resident, staff or visitor in the vicinity of the front business office.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Services during a tour of the facility from 11:15 a.m. to 1:45 p.m. on 10/17/12, the front business office had a sliding glass window separating the room from the corridor. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the front business office was not protected by an electrically supervised automatic smoke detection system. Additionally, based on observation and interview, the Director of Plant Services acknowledged the contractor installing the supervised automatic smoke detector in the front business office had started the project but had not yet completed the installation.</p> <p>This deficiency was cited on 09/05/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 12 doors serving hazardous areas such as a kitchen closed and latched to prevent the passage of smoke. This deficient practice could affect 30 to 40 residents, visitors and staff in the main dining room.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Services during a tour of the facility from 11:15 a.m. to 1:45 p.m. on 10/17/12, the kitchen dish room door did not self close and latch into the frame. Based on interview during the time of observation, the Director of Plant Services acknowledged the kitchen dish room door did not self close and latch into the door frames.</p> <p>This deficiency was cited on 09/05/12.</p>	K0029	The door closers for the kitchen doors have been replaced and adjusted on 10/18/12. director of Plant Services will monitor to ensure continued compliance.	10/18/2012			

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	The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(b)				

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K0038 SS=F	<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 26 of 26 exit door electromagnetic locks remained unlocked while the fire alarm was activated. Note: Life Safety Code (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(a) requires doors with special locking arrangements such as electromagnetic locks to unlock upon actuation of an approved fire alarm system installed in accordance with LSC 9.6. LSC 9.6.1.4 requires a fire alarm system to be installed, tested and maintained in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 3-9.7.2 requires all emergency exits connected to the fire alarm system unlock upon receipt of any fire alarm signal by the fire alarm system serving the protected premises.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Services during a tour of the facility from 11:15 a.m. to 1:45 p.m. on 10/17/12, the fire alarm system was activated by a pull station near the 300 northeast exit</p>	K0038	The magnetic door locking system and fire alarm system will be reprogrammed to ensure exit doors remain unlocked when the fire alarm system has been activated and then silenced. Director of Plant Services will monitor to ensure continued compliance.	11/18/2012

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	<p>and the magnetically locked door released but relocked when the fire alarm was silenced. Additional exit doors in the vicinity were checked and found to be magnetically relocked as well. Based on interview during the time of observation, the Director of Plant Services acknowledged an onsite contractor was scheduled to reprogram the magnetic door locking system so the doors would not relock when the fire alarm was silenced but had not started the project yet.</p> <p>This deficiency was cited on 09/05/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			

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K0051 SS=B	<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 ensure 11 of 240 smoke detectors connected to the fire alarm system were properly separated from an air supply. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect residents, staff, and visitors throughout the facility.</p> <p>Findings include:</p> <p>Based on observation with the Director of</p>	K0051	All smoke detectors have been moved to the appropriate distance away from air vents on 10/18/12. Director of Plant Services will monitor to ensure continued compliance.	10/18/2012			

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	<p>Plant Services during a tour of the facility from 11:15 a.m. to 1:45 p.m. on 10/17/12, the following was noted:</p> <p>a. Two smoke detectors located in the 100 wing common area in front of the nurses station were less than 36 inches from an air vent.</p> <p>b. Two smoke detectors located in the 400 wing common area in front of the nurses station were less than 36 inches from an air vent.</p> <p>c. One smoke detector located in the 400 wing janitor's closet was less than 36 inches from an air vent.</p> <p>d. One smoke detector located in the 400 wing pantry was less than 36 inches from an air vent.</p> <p>Based on interview during the time of observation, the Director of Plant Services acknowledged an onsite contractor was working to move the smoke detectors but had not completed the project yet.</p> <p>This deficiency was cited on 09/05/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				

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K0056 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage for 2 of 3 combustible exterior canopies which were wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. Section 5-13.8.2 requires sprinklers shall be installed under roofs or canopies over areas where combustibles are stored and handled. This deficient practice could affect residents, staff and visitors using the 400 wing main entrance.</p> <p>Findings include:</p> <p>a. Based on observation with the Director of Plant Services during a tour of the facility from 11:15 a.m. to 1:45 p.m. on</p>	K0056	<p>Sprinkler coverage will be provided to ensure complete coverage of the facility including canopies of combustible construction. All sprinklers have been installed and moved on 10/18/12. Director of Plant Services will monitor to ensure continued compliance.</p>	10/18/2012			

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	<p>10/17/12, the canopy of wood construction outside of the water softener/boiler room was not provided with sprinkler protection. The wood construction canopy was not directly attached to the building but extended six inches above the roof and over 4 feet from the building. Combustible material located under the canopy included the facility of Type V (111) construction and a six foot portion of a wooden fence. Based on interview during the time of observation, the Director of Plant Services acknowledged an onsite contractor was scheduled to install sprinklers to protect the canopy but was waiting on parts for an antifreeze loop and had not yet completed the sprinkler installation.</p> <p>b. Based on observation with the Director of Plant Services during a tour of the facility from 11:15 a.m. to 1:45 p.m. on 10/17/12, the canopy of canvas construction over a metal frame outside of the 400 wing main entrance was not provided with sprinkler protection. The canvas canopy was attached to the building and extended over four feet from the building. Based on interview during the time of observation, the Director of Plant Services acknowledged an onsite contractor was scheduled to install sprinklers to protect the canopy but was</p>						

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	<p>waiting on parts for an antifreeze loop and had not yet completed the sprinkler installation.</p> <p>This deficiency was cited on 09/05/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b) 3.1-19(ff)</p>				