

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155758	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 11/28/2011
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NAME OF PROVIDER OR SUPPLIER  ASBURY TOWERS RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 102 W POPLAR ST GREENCASTLE, IN46135
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(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
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: 11/28/11</p> <p>Facility Number: 001120 Provider Number: 155758 AIM Number: 200525120</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Asbury Towers Retirement Community 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>The facility was located on the first and ground floors of a four story</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>building surveyed as one building since the construction dates of the original building and an addition were prior to March 1, 2003. The facility was determined to be of Type II (222) construction and partially sprinklered. The ground floor east and south wing east of the fire doors was not sprinklered. The first floor and ground floor south wing west of the fire doors were sprinklered. The facility identifies the ground floor as HCC Comprehensive care Unit I and the first floor as Comprehensive care Unit II. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 48 and had a census of 45 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/01/11.</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p>				

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K0050 SS=F	<p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted on every shift during 1 of the past 4 quarters. This deficient practice affects all occupants on the north/south wing.</p> <p>Findings include:</p> <p>Based on a review of monthly Fire Drill Reports for the past year with maintenance # 1 on 11/28/11 at 1:10 p.m., fire drill documentation was not found for the second shift during the second quarter of 2011. Maintenance # 1 said at the time of record review, there had been a mistake since two drills had been done during the day shift for that quarter and one of those should have been done on the evening shift.</p>	K0050	<p>K 0050 SS=FLife Safety CodeFire drills are held at unexpected times under varying conditions, at least quarterly on each shift.Based on record review and interview, the facility failed to ensure fire drills were conducted on every shift during 1 of the past 4 quarters. This deficient practice affects all occupants on the north/south wing.No residents were harmed because maintenance conducted two drills on the day shift and left out one for the evening shift. Maintenance revised their schedules for fire drills to coordinate with the nursing shift schedule times vs having them linked to the other departments. The drills have all been scheduled for 2011-2012.See Exhibit A. Completed on December 10, 2011Monitoring will be on-going by Maintenance Department</p>	12/10/2011	

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	3.1-19(b) 3.1-51(c)				