

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711
---	--

(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: 12/02/13</p> <p>Facility Number: 000280 Provider Number: 155707 AIM Number: 100274540</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Swiss 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement 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, areas open to the corridors and hard wired smoke detectors in the resident</p>	K010000		
---------	---	---------	--	--

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: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711		
(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>rooms. The facility has a capacity of 128 and had a census of 115 at the time of this survey.</p> <p>All areas where resident have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/05/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013	
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711			
(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			
K010018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure the door to 4 of 4 clean linen rooms and the corridor door to 1 of 1 Westenfeld hall spa rooms would close, latch and resist the passage of smoke. This deficient practice affects 33 resident in Sonnenblum Place and 28 residents in Edelweiss and 7 residents in the Westenfeld hall.</p> <p>Findings includes:</p> <p>a. Based on observation on 12/02/13 between 12:55 p.m. and 2:23 p.m. with the Director of Resident Services, the two clean linen rooms in Sonnenblum Place and the two clean linen rooms in Edelweiss, were designed with double corridor doors. One door was equipped</p>	K010018	a.The clean linen room doors in Sonnenblum and Edelweiss were identified by the surveyor as being out of compliance because they did not automatically and independently latch into door frame.Door hardware has been ordered for inactive door to have automatic latching bolts to latch into the frame of the door when the door is closed.The active door would operate as it does latching into the inactive door.Door coordinators will assure that doors close in the proper sequence to assure latching so the doors meet the requirement of LSC 19.3.6.3.6.This should be completed by January 10th 2014.A visual inspection was conducted to assure that all double smoke doors had correct latching hardware. No other smoke rated corridor doors were	01/10/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711		
(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>with a manual latching device that would latch into the door frame and the remaining door was designed to latch into the stationary door. Each door could not latch automatically, and independent of the other door, into the door frame. This was acknowledged by the Director of Resident Services at the time of observations.</p> <p>b. Based on an observation on 12/02/13 at 12:25 p.m. with the Director of Resident Services, the spa room in the Westenfeld hall had a vent in the corridor door measuring twenty four inches by four inches. The spa had four portable carts for trash and one portable cart for personal soiled linen stored in the room. The Director of Resident Services acknowledged, and provided measurements for, the corridor door vent.</p> <p>3.1-19(b)</p>		<p>discovered without proper latching hardware.Plant Operations and Maintenance Supervisor will manage the inspection of all areas quarterly to assure that all corridor smoke doors have proper latching function. This inspection will be documented and reported to The Quality Assessment & Assurance Committee quarterly on Exhibit 1.</p> <p>b.The Westenfeld spa room door was identified by the surveyor as being out of compliance because of the 24 inches by 4 inches vent installed in door failing to ensure that spa room corridor door would resist the passage of smoke.The vent was blocked off on the Westenfeld spa room door so the door meets the requirement to resist smoke as required by LSC 19.3.6.3.6.A visual inspection was conducted to assure that all corridor doors meet the requirement of resisting the passage of smoke.No other door was found to be in violation of LSC 19.3.6.3.6.Plant Operations and Maintenance Supervisor will manage the inspection of all areas quarterly to assure that all corridor doors meet the requirement of LSC 19.3.6.3.6.This inspection will be documented and reported to The Quality Assessment & Assurance Committee quarterly on Exhibit 1.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013	
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711			
(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			
K010044 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5 Based on observation and interview, the facility failed to ensure 1 of 4 fire door sets was arranged to automatically close and latch. LSC 19.2.2.5 requires horizontal exits to be in accordance with 7.2.4 and 7.2.4.3.8 requires fire doors to be self closing or automatic closing in accordance with 7.2.1.8. In addition NFPA 80, Standard for Fire Doors and Windows at 2-1.4.1 requires all closing mechanisms shall be adjusted to overcome fire resistance of the latch mechanism so that positive latching is achieved on each door operation. This deficient practice could affect 12 residents in the Sonnenblum Place short hall.</p> <p>Findings include:</p> <p>Based on an observation on 12/02/13 at 1:00 p.m. with the Director of Resident Services, the fire door set entering the breezeway from the Sonnenblum Place short hall failed to latch into the frame. This was acknowledged by the Director of Resident Services at the time of observation, who confirmed these were fire doors.</p> <p>3.1-19(b)</p>	K010044	<p>The Sonnenblum Place short hall fire door was identified by the surveyor as being out of compliance, because the door did not latch into the frame of the door. Upon investigation of door it was found that an internal spring had broken which caused the door not to latch into the door frame. When the spring was replaced, the door latched into door frame as required by LSC 19.2.2.5 and NFPA 80 2-1.4.1. It is noted that the prior (3) quarterly inspections indicate that the door was latching into frame correctly. An inspection was made of all the fire doors to assure that they latch properly and meet the code set forth LSC 19.2.2.5 and NFPA 80 2-1.4.1. A quarterly inspection of all fire door will continue to assure that all fire door operate properly and meet all LSC and NFPA 80 codes. Plant Operations and Maintenance Supervisor will manage the inspection of all areas quarterly to assure that all corridor doors meet the requirement of LSC 19.2.2.5 and NFPA 80 2-1.4.1. This inspection will be documented and reported to The Quality Assessment & Assurance Committee quarterly on Exhibit 1.</p>	12/17/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711
---	--

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013	
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711			
(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=E	<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 observation and interview, the facility failed to ensure 3 of 3 sprinkler gauges in Westenfeld hall were tested every five years. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect 7 residents in the Westenfeld hall.</p> <p>Findings include:</p> <p>Based on an observation on 12/02/13 at 12:30 p.m. with Director of Resident Services, one sprinkler gauge had a date of 1976 in the Westenfeld hall sprinkler riser room, one gauge had a date of 1994 and the remaining gauge lacked a replacement or calibration date. Based on an interview with Director of Resident Services at the time of observation, he was unable to verify if the sprinkler gauges had been calibrated.</p> <p>3.1-19(b)</p>	K010062	Note that this sprinkler system had been inspected and in compliance per regulatory requirements. Sprinkler records forms from 9/24/2012 indicated that all gauges on all 4 dry sprinkler systems and all 5 wet systems have been calibrated or replaced as of 9/24/2013. Copies of this form are included as Exhibit #2.	12/02/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013	
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711			
(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			
K010064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>1. Based on observation and interview, the facility failed to inspect 2 of 2 Sonnenblum Place fire extinguishers each month. NFPA 10, Standard for Portable Fire Extinguishers, Section 4-3.4.2 requires fire extinguisher inspections at least monthly with the date of inspection and the initials of the person performing being recorded. In addition, NFPA 10, Section 4-2.1 defines inspection as a "quick check" to ensure the fire extinguisher is available and will operate. It is intended to give reasonable assurance the fire extinguisher is fully charged and operable, verifying it is in its designated place, it has not been actuated or tampered with and there is no obvious physical damage or condition to prevent its operation. This deficient practice could affect any of the 33 residents in Sonnenblum Place.</p> <p>Findings include:</p> <p>Based on observations on 12/02/13 between 12:30 p.m. and 12:40 p.m., the monthly inspection tag for the fire extinguisher near resident room 332 and at the nurses' station in Sonnenblum Place lacked documentation of a monthly</p>	K010064	The fire extinguishers in Sonnenblum were inspected and the date of the inspection was recorded on the fire extinguisher tags. A chart was created listing all fire extinguishers in the building and their location. An inspection of all fire extinguishers in the building was initiated and recorded on the chart as well as the tag attached to the fire extinguisher. The chart was given to the Director of Environmental Services as a record of the inspection. Plant Operations and Maintenance Supervisor will manage the inspection of all fire extinguishers monthly to assure that all meet the requirement of NFPA 10 Standard 4-3.4.2. This inspection will be documented and reported to The Quality Assessment & Assurance Committee quarterly on Exhibit 3.	12/17/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711		
(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>inspection for November 2013. This was acknowledged by the Director of Resident Services at the time of observations.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 Alpenrose Place staff office and 1 of 1 basement boiler room fire extinguishers were mounted so the top of the extinguisher was no more than five feet (60 inches) above the floor. NFPA 10, Section 1-6.10 requires fire extinguishers having a gross weight not exceeding 40 lb. shall be installed so that the top of the fire extinguisher is not more than 5 feet (60 inches) above the floor. This deficient practice was not in a resident care area but could affect staff.</p> <p>Findings include:</p> <p>Based on observation on 12/02/13 between 1:05 p.m. and 2:30 p.m. with the Director of Resident Services, the fire extinguisher mounted on the wall in the Alpenrose Place staff office measured five foot eight inches and the basement boiler room extinguisher measured five foot six inches from the floor to the top of the fire extinguisher. Measurements were provided by the Director of Resident Services.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2013
---	--	--	--

NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711
---	--

(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
	3.1-19(b)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711		
(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	
K010076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 9 oxygen cylinders in the oxygen storage room was properly restrained. NFPA 99, Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of Section 4-3.5.2.1(b) 27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice could affect any of the 28 residents in Lavendel Place.</p> <p>Findings include:</p> <p>Based on an observation on 12/02/10 at 1:05 p.m. with the Director of Resident Services, there was an unsupported small cylinder of compressed oxygen in the oxygen storage room. This was acknowledged by the Director of Resident Services at the time of observation.</p> <p>3.1-19(b)</p>	K010076	<p>a.New lower oxygen cylinder supports were installed in the oxygen storage room for the smaller oxygen cylinders as required by NFPA 99, Section 8-3.1.11.2(h) requiring cylinder restraint to meet the requirement of Section 4-3.5.2.1(b) 27 which requires cylinders to be chained or supported in a cylinder stand or cart.An inspection was done to assure that all oxygen storage tanks were secure and chained to the support.Plant Operations and Maintenance Supervisor will quarterly manage the inspection of oxygen storage room to meet NFPA 99, Section 8-3.1.11.2(h) and Section 4-3.5.2.1(b) 27 standards.This inspection will be documented and reported to The Quality Assessment & Assurance Committee quarterly on Exhibit 4.b.The two pencil size holes were sealed to assure that a 1 hour fire separation exists in the oxygen storage room as required by NFPA 99, 4.3.1.1.2, 19.3.2.4</p>	12/17/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155707	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2013
NAME OF PROVIDER OR SUPPLIER SWISS VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711		
(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>2. Based on observation and interview, the facility failed to ensure 1 of 1 areas used for transferring of oxygen was separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire resistive construction.</p> <p>Findings include:</p> <p>Based on an observation on 12/02/13 at 2:03 p.m. with the Director of Resident Services, there were two pencil size unsealed penetrations in the ceiling of the oxygen storage room which contained at least four large cylinders of liquid oxygen. Measurements were provided by the Director of Resident Services at the time of observation.</p> <p>3.1-19(b)</p>		<p>requiring areas used for the transferring oxygen be separated from any other portion of the facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire resistive construction. The rest of the oxygen storage room was inspected to assure that oxygen storage room met the 1 hour fire separation set forth on NFPA 99, 4.3.1.1.2, 19.3.2.4. Plant Operations and Maintenance Supervisor will quarterly manage the inspection of oxygen storage room to meet NFPA 99, 4.3.1.1.2, 19.3.2.4. This inspection will be documented and reported to The Quality Assessment & Assurance Committee quarterly on Exhibit 4.</p>		