

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155522	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/18/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY PARKVIEW HEALTH AND LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/18/16</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p> <p>At this Life Safety Code survey, Community Parkview Care Center 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 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, spaces open to the corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 92 and had a census of</p>	K 0000		
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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 0144 SS=C Bldg. 01	<p>68 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached garage for facility storage and was not sprinklered.</p> <p>Quality Review completed on 04/21/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure the offsite fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1 Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> a) Liquid petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas <p>Exception: For Level 1 installations in locations where the probability of interruption of offsite fuel supplies is</p>	K 0144	A letter was requested from Vectren Gas verifying the reliability of the natural gas supply. This letter was received 4/26/2016.	04/26/2016

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	<p>high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.</p> <p>CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ol style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption, 5. The signature of a technical person from the natural gas provider. <p>This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on generator log record review on 04/18/16 at 3:35 p.m., with the</p>			

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K 0147 SS=E Bldg. 01	<p>Maintenance Supervisor the facility did not have a letter from their natural gas supplier. Based on interview concurrent with record review with the Maintenance Supervisor it was acknowledged no other documentation could be provided to support any of the five requirements stated above from the natural gas vendor.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Based on observation and interview, the facility failed to ensure 1 of 2 electrical junction boxes observed above the ceiling at the 300 hall smoke barrier wall was provided with a cover to an electrical junction box. NFPA 70, National Electrical Code, 1999 Edition, 1999 Edition, Article 370-28(c) requires exposed electrical wires be confined within a junction box with a cover compatible with the box. This deficient practice could affect 20 residents on 300 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/18/16 at 2:28 p.m. with the Maintenance Supervisor, a</p>	K 0147	A cover was placed to confine the electrical wires in the junction box. This was completed by facility maintenance staff on 4/20/2016.	04/20/2016

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	total of four electrical wires in the junction box observed above the ceiling panels of the 300 smoke barrier wall did not have a cover over the junction box to confine the electrical wires. Based on interview concurrent with the observation it was acknowledged by the Maintenance Supervisor, the electrical wires in the electrical junction box described were exposed and not protected with a cover. 3.1-19(b)			