

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E657	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/16/2012
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NAME OF PROVIDER OR SUPPLIER  SILVER MEMORIES HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6996 S US 421 VERSAILLES, IN 47042
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/16/12</p> <p>Facility Number: 000483 Provider Number: 15E657 AIM Number: 100273470</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Silver Memories Health Care was found not in compliance with Requirements for Participation in 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 two story facility 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, spaces open to the corridors, and battery operated smoke detection in</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>all resident sleeping rooms. The facility has a capacity of 29 and had a census of 21 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and found in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except the air handler room.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observations and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers and 1 of 30 room wall smoke barriers were constructed to provide at least a one half hour fire resistance rating. This deficient practice affects 8 residents who reside in rooms 6, 7, 8, and 9 down the Administration Hall, and 6 residents who reside in rooms 1, 10, and 11 down the New Wing, across from the office.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 07/16/12 during a tour of the Administration Hall and New Wing from 10:10 a.m. to 12:30 p.m., the corridor ceiling across from the administrator office had a six inch by six inch area of drywall missing. Based on an interview with the maintenance supervisor on 07/16/12 at 12:40 p.m., the</p>	K0025	Resident Room # 10 will not be occupied until the roof and ceiling are repaired. The roof has been repaired and verified with no leaks noted during the last rain period on September 21, 2012. The shower stall which had leaked into the director of nursing office was repaired and completed on September 7, 2012. The damaged drywall in room 10, the director of nursing's office, and the hall ceiling outside the administrator's office will be replaced beginning on Monday September 24 and completed by September 28, 2012. The maintenance supervisor will be responsible to monitor all ceilings and drywall weekly during his facility review tour. CQI will monitor repair of the area noted and all weekly observation reports, no less than quarterly.	09/29/2012			

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	<p>flat roof above the Administration Hall is leaking water into the facility and causing drywall damage in the corridor. The ceiling drywall damage will not be repaired until the roof is replaced.</p> <p>Furthermore, based on observation with the maintenance supervisor on 07/16/12 at 10:10 a.m., the New Wing office had a four foot by two foot area of drywall missing along the east wall floor juncture. Based on an interview with the maintenance supervisor on 07/16/12 at 10:15 a.m., the adjoining shower room has a water leak, causing the drywall in the office to deteriorate and the office wall has not been repaired. The missing drywall in the corridor ceiling across from the administrator office and missing drywall in the office was acknowledged by the administrator at the exit conference on 07/16/12 at 12:45 p.m.</p> <p>3.1-19(b)</p>				

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K0038 SS=E	<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 the sidewalk surface on 1 of 5 exit sidewalks was maintained to prevent elevation changes. LSC 7.1.6.3 requires walking surfaces shall be nominally level. The slope of a walking surface in the direction of travel shall not exceed 1 in 20 unless the ramp requirements of 7.2.5 are met. The slope perpendicular to the direction of travel shall not exceed 1 in 48. This deficient practice affects 2 residents who reside in room 9 and would use the rear exit during an evacuation.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 07/16/12 at 11:55 a.m., the rear exit sidewalk discharged from the exit door on to a concrete sidewalk extending sixty six feet to the parking lot. The sidewalk had a section of concrete broken</p>	K0038	<p>On September 21, 2012, the rear exit sidewalk discharged from the exit door was repaired/replaced to ensure that the sidewalk is nominally level. The maintenance supervisor will be responsible to monitor sidewalks outside the facility are nominally level during his weekly observation tour. CQI will monitor the repair of the sidewalk and all weekly observation tour sheets, no less than quarterly.</p>	09/21/2012			

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	<p>and heaving with two inch changes in the sidewalk elevation along the four foot wide sidewalk surface near the exit door extending ten inches away from the exit door. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the 12:45 p.m. exit conference on 07/16/12.</p> <p>3.1-19(b)</p>			

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K0052 SS=F	<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 and interview, the facility failed to ensure 3 of 14 smoke detectors tested for sensitivity were either cleaned and recalibrated or replaced. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72 at 7-3.2 requires testing in accordance with Table 7-3.2, Testing Frequencies. Table 7-3.2.15(i) refers to 7-3.2.1 which requires Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each detector is within its listed and marked sensitivity range, it shall be</p>	K0052	<p>On July 16, 2012, the facility ordered smoke detectors to replace the ones which failed the sensitivity test. The smoke detectors have been received and replaced. The maintenance supervisor will be responsible to review the smoke detectors reports when the facilities receive the sensitivity testing. CQI will review all maintenance supervisors' observation sheets, no less than quarterly.</p>	08/07/2012			

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	<p>tested using any of the following methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method</li> <li>(2) Manufacturer's calibrated sensitivity test instrument</li> <li>(3) Listed control equipment arranged for the purpose</li> <li>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range</li> <li>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction</li> </ol> <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on a review of Koorsen Fire Alarm System Inspection and Testing Report Sensitivity Testing on 07/16/12 at 9:45 a.m., the report dated 05/16/12 showed the corridor smoke detector by room 3,</p>			

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	<p>the corridor smoke detector by room 10, and the corridor smoke detector by room 11 each failed sensitivity testing. Based on an interview with the administrator and after a phone call to the Koorsen Fire Alarm System company, it was stated the three smoke detectors failing the sensitivity test on 05/16/12 were not replaced.</p> <p>3.1-19(b)</p>			

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K0056 SS=E	<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 ensure 1 of 30 rooms was completely sprinklered. This deficient practice affects any residents who use the main dining room across the corridor from the air handler room.</p> <p>Findings include:</p> <p>Based on observations on 07/16/12 at 11:45 a.m. with the maintenance supervisor, the air handler room, across the corridor from the main dining room, was not provided with sprinkler coverage. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 07/16/12 at 12:45 p.m.</p> <p>3.1-19(b)</p>	K0056	<p>Koorsens fire and Security was contacted and provided an estimate on adding a sprinkler head to the air handler room. A sprinkler will be added to cover the air handler room by Koorsens Fire and Security by October 16, 2012. Maintenance will be responsible to ensure the sprinkler is added. CQI will monitor the installation of the sprinkler, no less than quarterly.</p>	10/16/2012			

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	3.1-19(ff)			