

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155773	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/08/2016
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NAME OF PROVIDER OR SUPPLIER TERRACE AT SOLARBRON THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 MCDOWELL RD EVANSVILLE, IN 47712
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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
K 0000 Bldg. 02	<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: 08/08/16</p> <p>Facility Number: 010930 Provider Number: 155773 AIM Number: 201274710</p> <p>At this Life Safety Code survey, The Terrace at Solarbron was found not in compliance with Requirements for Participation in Medicare, 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consisted of two buildings connected by a corridor. The original building was located on the first floor of a two story building determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus there are hard wired</p>	K 0000	This plan of correction is to serve as the Terrace of Solarbron's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by the Terrace at Solarbron or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.	

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 0050 SS=C Bldg. 02	<p>smoke detectors with battery back up in all resident rooms. The 2015 addition is a one story, fully sprinklered building determined to be of Type V (111) construction. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 91 and had a census of 65 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached maintenance garage used for the storage of maintenance equipment.</p> <p>Quality Review on 08/10/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p>						

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K 0056 SS=E Bldg. 02	<p>Based on record review and interview, the facility failed to ensure fire drills were held at varied and unexpected times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 08/08/16 at 10:45 a.m. with the Maintenance Supervisor present, three of four third shift (night) fire drills were performed between 12:45 a.m. and 1:30 a.m.</p> <p>This was acknowledged by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations</p>	K 0050	<p>K 050</p> <ul style="list-style-type: none"> ·Fire drills will be held at varied and unexpected times for all shifts on a quarterly basis. ·All residents have the potential to be affected by this alleged deficiency. ·A fire drill will be held for third shift that will be at an unexpected, varied time from the previous quarter's third shift fire drill. ·The Maintenance Supervisor and/or Administrator will monitor the monthly fire drill to assure that it is at varied and unexpected times. 	09/06/2016			

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	<p>prohibit sprinklers. 18.3.5, 18.3.5.1.</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage for 1 of 4 areas outside and attached to the building and constructed of partially combustible material. NFPA 13, 1999 Edition at 5-13.8.1 requires sprinklers be installed under combustible exterior roofs exceeding four feet in width. This deficient practice could affect residents, as well as staff and visitors using the northeast stairway exit near the Physical Therapy area.</p> <p>Findings include:</p> <p>Based on observation on 08/08/16 at 2:15 p.m. during a tour of the facility with the Maintenance Supervisor, there was a five foot overhang attached to the northeast stairway exit. The overhang was constructed of wood framing with a perforated aluminum cover. There was no sprinkler coverage provided under this overhang. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>	K 0056	<p>K056-</p> <ul style="list-style-type: none"> ·The Terrace at Solarbron has secured a providerto install a sprinkler head that will provide sprinkler coverage for the fivefoot overhang at the northeast stairway exit. The installation is scheduled for8/25/16. ·Residents that reside on East Unit have thepotential to be affected by this alleged deficiency. ·A sprinkler head will be installed in thenortheast stairway exit. ·The Maintenance supervisor and/or theAdministrator will monitor the exterior overhangs for sprinkler heads monthly. 	08/25/2016	