

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/21/2014
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NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION ST LAFAYETTE, IN 47904
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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: 07/21/14</p> <p>Facility Number: 000051 Provider Number: 155121 AIM Number: 100275490</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rosewalk Village at Lafayette 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 facility consists of the original two story building with a one story section on the front and a one story Physical Therapy wing added to the first floor D wing, and is fully sprinklered. The construction was determined to be of Type III (211) and completed prior to</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.

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K010056 SS=F	<p>March 1, 2003. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors with battery operated smoke detectors in resident sleeping rooms. The facility has a capacity of 141 and had a census of 131 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached equipment storage buildings which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/24/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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</p>						

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	<p>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 2 of 3 steel armover sprinkler pipes observed in the kitchen were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents as well as staff or visitors in the building if the sprinkler system required repair.</p> <p>Findings include:</p> <p>Based on observations on 07/21/14 at 1:15 p.m. with the Maintenance Supervisor, the following steel sprinkler pipe armovers were observed:</p> <p>a. In the sprinkler riser room in the dry storage area of the kitchen, an armover was measured to be thirty four inches in length and was unsupported.</p> <p>b. In the kitchen above and in front of the freezer unit, an armover was measured to be thirty three inches in length and was unsupported.</p>	K010056	<p>No residents were affected</p> <p>Corrective action is supports have been installed so that the identified sprinkler pipe armovers are supported with less than 24 inches between supports. All residents have the potential to be affected.</p> <p>Corrective action is supports have been installed so that the identified sprinkler pipe armovers are supported with less than 24 inches between supports. All sprinkler pipes have been checked to ensure supports meet the 24 inch requirement by maintenance director. Any changes with sprinkler pipes in the future will be evaluated to ensure supports are in place with less than 24 inches between supports by maintenance director</p> <p>Maintenance Director will report any changes to sprinkler pipes as well as evaluation for supports to CQI committee for 6 months. Any trends or problems noted will result in evaluation and new intervention</p> <p>All systemic chages will be completed by 8/20/14</p>	08/20/2014

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K010147 SS=E	<p>Based on interview on 07/21/14 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armovers exceeded twenty four inches in length and were unsupported.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 electrical wires observed above the ceiling on D hall were confined in a 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 18 residents on D hall east as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/21/14 at 1:45 p.m. with the Maintenance Supervisor,</p>	K010147	<p>No residents were found to be affected. A covered junction box has been installed to confine the identified electrical wires on D Hall. All residents residing on D Hall have the potential to be affected. A covered junction box has been installed so that identified 4 electrical wires are confined in a covered junction box. All electrical wires requiring a covered junction box have been assessed by maintenance director. All electrical wires are confined in a covered junction boxMaintenance Director will assess any changes in electrical wiring to ensure all electrical wires requiring a covered junction box are confined.Maintenance Director will report any changes in</p>	08/20/2014

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	<p>above the ceiling panels above the exit sign at the end of D hall east a total of four electrical wires were left exposed without confining the electrical wires inside a junction box with a cover for protection. Based on interview on 07/21/14 at 1:47 p.m. it was acknowledged by the Maintenance Supervisor, the electrical wires exposed above the exit sign on D hall east were not protected inside a junction box with a cover.</p> <p>3.1-19(b)</p>		<p>electrical wiring to CQI committee x 6 months as well as assesement of the wiring to ensure that all wiring requiring a covered junction box is confined. Any trends or issues will be evaluated with new intervention</p>		