

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  11/28/2012
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NAME OF PROVIDER OR SUPPLIER  SWISS VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 W MAIN ST BERNE, IN 46711
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K010000	<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: 11/28/12</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 Inc. 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</p>	K010000		
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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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	<p>to be of Type V (111) construction and was fully sprinklered with the exceptions noted in K-56. 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 rooms except Lavendale Place which has battery operated smoke detectors. The facility has a capacity of 128 and had a census of 113 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and was found in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered, except the Sonnelblum Place long hall clean linen closet, the resident room closets on Alpenrose Place, Lavendel Place and Sonnelblum Place except resident room 321, 322, 329, 331, 342 through 345, 348, 350 and 351. All areas providing facility services were</p>						

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K010018 SS=E	<p>sprinklered, except the three elevator equipment rooms in the healthcare.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/30/12.</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 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ 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 there were no impediments to the closing of 2 of 95 resident room doors protecting corridor openings.</p>	K010018			

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	<p>This deficient practice could affect 12 residents in Sonnelbloom Place and 7 residents in Lavendel Place.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Manager on 11/28/12 from 12:07 p.m. to 2:25 p.m., the corridor doors to resident rooms 350 and 375 were each propped open with a wooden door wedge. The Plant Operations Manager acknowledged the corridor doors to resident rooms 350 and 375 were propped open at the time of observation.</p> <p>3.1-19(b)</p>			

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K010029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 corridor doors entering the main kitchen, a hazardous area, would close and latch into the door frame. This deficient practice could affect any of the 33 Sonnenblum Place residents.</p> <p>Findings include:</p> <p>Based on an observation with the Plant Operations Manager on 11/28/12 at 2:30 p.m., the main corridor door entering the kitchen lacked latching hardware and failed to latch into the frame. The Plant Operations Manager acknowledged the kitchen corridor door lacked latching</p>	K010029					

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K010038 SS=E	<p>hardware at the time of observation.</p> <p>3.1-19(b)</p> <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>1. Based on observation and interview, the facility failed to ensure the means of egress through 3 of 3 Edelweiss Place exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 19.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 requires door locking arrangements without delayed egress shall be</p>	K010038			

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	<p>permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the residents require specialized security measures for their safety, provided staff can readily unlock such doors at all times. This deficient practice could affect 27 residents.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Manager on 11/28/12 during the tour from 1:50 p.m. to 2:25 p.m., all Edelweiss Place exit doors were magnetically locked and could be opened by entering a code, but the code was not posted. Based on an interview with the Director of Health Care at 1:50 p.m., all twenty seven Edelweiss Place residents are without a clinical diagnosis requiring specialist security measures.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 4 Westenfeld exit</p>			

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	<p>discharge paths was readily accessible at all times. This deficient practice could affect 8 Westernfeld residents evacuated through the main entrance to the Westernfeld unit.</p> <p>Findings include:</p> <p>Based on observation with the Director of Health Care on 11/28/12 at 10:35 a.m., the exit door near the Westernfeld unit entrance was obstructed by a large metal rack containing fans. The Director of Health Care acknowledged the Westernfeld unit exit was obstructed by a large metal rack at the time of observation.</p> <p>3.1-19(b)</p>				

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K010048 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a written plan that included the different types and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Plant Operations Manager on 11/28/12 at 11:55 a.m., the</p>	K010048			

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K010052 SS=E	<p>"Emergency Preparedness Disaster Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Plant Operations Manager at the time of record review.</p> <p>3.1-19(b)</p> <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 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained to assure reliability. NFPA 72, 7-4.1 requires fire alarm system equipment be periodically maintained in accordance with manufacturer's instructions. This deficient practice could affect</p>	K010052					

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	<p>any of the 19 residents in Lavendel Place.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Manager during the fire alarm system testing on 11/28/12 at 3:16 p.m., the pull station in Edelweiss Place activity room was activated which sounded the fire alarm system throughout the facility with the exception of Lavendel Place. No horns or strobes alarmed in Lavendel Place dining room and in the corridor near resident room 378. Only the strobes activated in the long hall of Lavendel Place. The Plant Operations Manager acknowledged the fire alarm system was not functioning properly in Lavendel Place and immediately began a fire watch.</p> <p>3.1-19(b)</p>				

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K010056 SS=E	<p><b>NFPA 101</b> <b>LIFE SAFETY CODE STANDARD</b></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>1. Based on observation and interview, the facility failed to ensure complete automatic sprinkler system was provided for 57 of 97 resident room closets, 3 of 3 elevator equipment rooms, 1 of 1 Sonnelbloom Place long hall clean linen closets in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect 46 of 113 residents.</p> <p>Findings include:</p> <p>Based on an observation with the Plant Operations Manager on</p>	K010056					

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	<p>11/28/12 from at 12:03 p.m. to 3:52 p.m., the three elevator equipment rooms in health care, the Sonnelblum Place long hall clean linen closet and the resident room closets on Alpenrose Place, Lavendel Place and Sonnelblum Place except resident rooms 321, 322, 329, 331, 342 through 345, 348, 350 and 351 lacked sprinkler coverage. The Plant Operations Manager acknowledged the aforementioned areas lacked sprinkler coverage.</p> <p>3.1-19(b) 3.1-19(ff)</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in the Edelweiss Place serving kitchen were separated by at least six feet (72 inches) as required by NFPA 13. NFPA 13 Section 5-6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect residents in the Edelweiss Place dining room with a capacity of 21 residents.</p>			

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	<p>Findings include:</p> <p>Based on observation with the Plant Operations Manager on 11/28/12 at 12:58 p.m., the Edelweiss Place serving kitchen had two sprinkler heads located sixty eight inches apart. Measurements were provided by the Plant Operations Manager at the time of observation.</p> <p>3.1-19(b)</p>						
K010073 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4</p> <p>Based on observation and interview, the facility failed to ensure 2 of 95 resident rooms were provided with nonflammable decorations. This</p>	K010073					

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	<p>deficient practice affects 2 of 113 residents.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Manager on 11/28/12 from 12:12 p.m. to 2:25 p.m., there was a candle with a charred wick in resident rooms 352 and 1364. The Plant Operations Manager acknowledged resident rooms 352 and 1364 had candles with a charred wick.</p> <p>3.1-19(b)</p>			