

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155493	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER SCENIC HILLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 311 E FIRST ST FERDINAND, IN 47532
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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. 01	<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: 07/16/15</p> <p>Facility Number: 000534 Provider Number: 155493 AIM Number: 100267220</p> <p>At this Life Safety Code survey, Scenic Hills Care Center was found in substantial 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 (000) 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 battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 88</p>	K 0000	Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by Federal and State law. This plan of correction is submitted in order to respond to the allegations of noncompliance cited during the annual survey review concluding on 7-16-2015. Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 8-7-2015. The campus request paper compliance	

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 0062 SS=B Bldg. 01	<p>and had a census of 74 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure sprinkler heads in 1 of 6 smoke compartments were free of paint. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint. Any sprinkler shall be replaced that is painted. This deficient practice could affect mostly staff while in the oxygen transfer room, plus any residents and staff while in the 100 hall outside the oxygen transfer room.</p> <p>Findings include:</p> <p>Based on observation on 07/16/15 at 11:25 a.m. during a tour of the facility with Director of Plant Operations, the</p>	K 0062	<p>All residents could be affected by the alleged deficiency. The Director of PLant operations has replaced the identified sprinkler head. An audit has been completed on all sprinkler heads in the campus to assure in compliance. Systemic change is when construction is completed in the campus the sprinkler heads will have a visual inspection by the DPO and any concerns will be forwarded to Mehringers plumbing. The DPO/designee will complete a random audit of 5 sprinkler heads to assure in compliance 5x a week for one month then 3x a week for a month then monthly thereafter with results forwarded to the QA committee for futher review or suggestions.</p>	08/07/2015

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	sprinkler head in the oxygen transfer room was partially covered with paint. This was acknowledged by Director of Plant Operations at the time of observation. 3.1-19(b)				