

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155478	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
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NAME OF PROVIDER OR SUPPLIER TIMBERS OF JASPER THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2909 HOWARD DR JASPER, IN 47546
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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: 09/21/15</p> <p>Facility Number: 000314 Provider Number: 155478 AIM Number: 100274210</p> <p>At this Life Safety Code survey, The Timbers of Jasper 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 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 94 and had a census of 80 at the time of this</p>	K 0000		

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 0038 SS=B Bldg. 01	<p>survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two detached sheds used for facility storage.</p> <p>Quality Review completed 09/23/15 - DA</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>Based on observation and interview, the facility failed to ensure 2 of 2 doors leading to the outside pavilion were provided with signs stating "NO EXIT". 7.10.8.1 requires any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT. Such sign shall have the word NO in letters 2 in. high with a stroke width of 3/8 in. and the word EXIT in letters 1 in. high, with the word EXIT below the word NO. This deficient practice could affect up to 9 residents, as well as staff and visitors in the 100 and 200 halls.</p> <p>Findings include:</p>	K 0038	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after October 21, 2015.</p> <p>K038</p>	10/21/2015

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	<p>Based on observations on 09/21/15 between 12:00 p.m. and 2:00 p.m. during a tour of the facility with Maintenance Supervisor, the 100 hall Sun Porch southwest door leading to the outside pavilion and the 200 hall Sun Porch southeast door leading to the outside pavilion were not provided with signs stating "NO EXIT". There were no sidewalks from the pavilion area which lead to a public way. This was acknowledged by the Maintenance Supervisor at the time of each observation and indicated these doors were not used as exit doors.</p> <p>3.1-19(b)</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Contractor will be adding "NO EXIT" signs to 100 and 200 halls as identified in the 2567.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·Residents on 100 hall have the potential to be affected by the alleged deficient practice. ·Maintenance director/designee reviewed all other areas of the building to ensure ad equate exits are in place and in working order. ·Contractor will be adding "NO EXIT" signs to 100 and 200 halls as identified in the 2567.</p> <p>What measures will be put into place or what systemic changes</p>		

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			<p>you will make to ensure that the deficient practice does not recur and how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance supervisor will monitor the building to ensure that the "EXIT" signs and "NO EXIT" are in proper working order and in place monthly.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance director will monitor the building to ensure "NO EXIT" and "EXIT" signs provides proper exit markings monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be completed to insure compliance.</p>	

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K 0062 SS=C Bldg. 01	<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 record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having</p>	K 0062	<p>Compliance date: October 21, 2015</p> <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after October 21, 2015.</p> <p>K062</p>	10/21/2015

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	<p>jurisdiction upon request. Typical records include, but are not limited to, valve inspection; flow, drain, and pump tests; trip tests of dry pipe, deluge and preaction valves. NFPA 25, 2-2.6 requires that alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 2-3.3 requires waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 09/21/15 at 11:45 a.m. with the Maintenance Supervisor present, there was no quarterly sprinkler system inspection report available for the fourth quarter (October, November, and December) of 2014. During an interview at the time of record review, the Maintenance Supervisor acknowledged there was no written documentation or other evidence the sprinkler system had been inspected during the fourth quarter of 2014.</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Maintenance director has contacted company that inspects sprinkler system to request documentation of inspection as identified in the 2567. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·Residents on 100 hall have the potential to be affected by the alleged deficient practice. ·Maintenance director/designee reviewed quarterly inspection for last 12 months to verify accurate record of inspection. ·Company that inspects sprinkler system will send all reports to maintenance director/designee each month to ensure record is available in facility. 		

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	3.1-19(b)		<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>-Maintenance supervisor will monitor sprinkler inspections and records monthly and ensure all are kept in secure location within facility.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance director will monitor the building to ensure sprinkler system is inspected in accordance with NFPA requirements monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be</p>		

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K 0069 SS=B Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was maintained in proper working order. NFPA 96, 10-6.5 requires inspection and testing of the total operation and all safety interlocks in accordance with the manufacturer's instructions shall be performed by qualified service personnel a minimum of once every 6 months or more frequently if required. This deficient practice was not in a resident area but could affect kitchen staff.</p> <p>Findings include:</p>	K 0069	<p>completed to insure compliance.</p> <p>Compliance date: October 21, 2015</p> <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after October 21, 2015.</p>	10/21/2015

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	<p>Based on record review on 09/21/15 at 11:00 a.m. with the Maintenance Supervisor present, the 05/15/15 Vanguard range hood inspection report noted "(15) No micro switch for electric shunt trip for appliances (oven and steamer)". This was acknowledged by the Maintenance Supervisor at the time of record review, furthermore, the Maintenance Supervisor said he was not sure if the deficiency has been corrected because he has only been working at the facility for about two months.</p> <p>3.1-19(b)</p>		<p>K069</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Maintenance director has installed range hood with micro switch for electric shunt trip for appliances per Vanguard inspections as identified in the 2567.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·No residents were affected by the alleged deficient practice. ·Maintenance director/designee reviewed Vanguard inspections for kitchen for the last 12 months to verify accurate record of inspections and corrections made if identified.</p>	

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			<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance supervisor will monitor hood inspections and records monthly.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Maintenance director will monitor the kitchen to ensure range hood is inspected in accordance to NFPA requirements monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be completed to insure compliance.</p>		

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K 0143 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transferring takes place, was provided with properly working mechanical ventilation. This deficient practice could affect any number of residents, as well as staff and</p>	K 0143	<p>Compliance date: October 21, 2015</p> <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p>	10/21/2015

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	<p>visitors while in the area outside the oxygen storage/transfer room.</p> <p>Findings include:</p> <p>Based on observation on 09/21/15 at 1:10 p.m. during a tour of the facility with the Maintenance Supervisor, the oxygen storage/transfer room had four large liquid oxygen tanks. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		<p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after October 21, 2015.</p> <p>K143</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Maintenance director has installed a new mechanically ventilated exhaust fan in the ceiling in the oxygen storage/transfer room as identified in the 2567.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·All residents have the potential to</p>		

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			<p>be affected by the alleged deficient practice.</p> <ul style="list-style-type: none"> · All mechanically ventilated exhaust fans have been checked by maintenance to ensure they all are in proper working order. · Maintenance director has installed a new mechanically ventilated exhaust fan in the ceiling in the oxygen storage/transfer room as identified in the 2567. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur and how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> · Maintenance supervisor will monitor mechanically ventilated exhaust fan in the oxygen/transfer room monthly. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p>	

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			<p>Maintenance director will monitor the mechanically ventilated exhaust fan in the oxygen/transfer room monthly as part of the preventative maintenance program. The result of these audits will be reviewed by the ED/Designee to maintain threshold of 100%. If not achieved an action plan will be completed to insure compliance.</p> <p>Compliance date: October 21, 2015</p>	