STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155775	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED 09/22/2014
NAME OF PROVIDER OR SUPPLIER CUMBERLAND POINTE HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 1051 CUMBERLAND AVE WEST LAFAYETTE, IN 47906	

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K010000	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). Survey Date: 09/22/14 Facility Number: 000547 Provider Number: 155775 AIM Number: 100267440 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, Cumberland Pointe Health Campus was found not in compliance with Requirements for Participation in 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. The certified health care beds in this facility were located on the east and west wings of a one story building determined to be of Type V (111) construction which was fully sprinklered. The facility has a fire alarm system with hard wired smoke	K010000	Survey Event ID: UHIB21 The submission of this POC does not indicate an admission by Cumberland Pointe Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Cumberland Pointe Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	detection in the corridors, spaces open to the corridors and 23 west wing resident rooms. 19 east wing resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 71 and had a census of 60 at the time of this survey. All areas where residents have customary access and areas providing facility services were sprinklered. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/23/14.			
K010056 SS=E	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 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			

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	Based on observation and interview, the facility failed to insure 2 of 10 sprinkler heads in the kitchen was installed in accordance with NFPA 13, Section 5-1.1 and 5-6.3.4 which requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect visitors and staff in the kitchen and 10 or more residents in the adjacent dining room. Findings include: Based on observation with the maintenance director on 09/22/14 at 1:50 p.m., two sprinklers protecting the north corner of the kitchen near the door accessing the dining room were located three feet from one another. The maintenance director confirmed at the time of observation, the sprinkler heads were less than six feet apart. 3.1-19(b)	K010056	CORRECTIVE ACTION: The contracted sprinkler company has been notified of the need for moving the sprinkler heads so they are no closer than six feet to each other by the correction date. IDENTIFY OTHER RESIDENTS: All other sprinkler heads were observed to be in compliance so no other residents would be at risk. MEASURES/SYSTEMIC CHANGES: All plant operations staff will be in-serviced regarding the need to ensure all sprinkler heads are no closer than six feet per NFPA regulations. MONITORING CORRECTIVE ACTION: Any physical plant changes that require changes in the sprinkler system will be reviewed by the Director of Plant Operations and the Executive Director prior to changes being made to ensure sprinkler heads are not installed closer than six feet per NFPA regulations.	10/22/2014
K010147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including powerstrips and nonfused multiplug adapters were not used as a substitute for fixed wiring. NFPA 70	K010147	CORRECTIVE ACTION: (a) The power strip extension cord was removed from the popcorn machine and the machine was plugged directly into a wall receptacle. (b) The cord and	10/22/2014

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	National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect visitors, staff, and 6 or more residents in the activities room and 3 or more staff and visitors in the maintenance shop. Findings include: a. Based on observation with the maintenance director on 09/22/14 at 12:45 p.m., a power strip extension cord was used to supply power to a large electric popcorn machine in the activities room. The maintenance director said at the time of observation, he had been unaware the power strip was in use. b. Based on observation with the maintenance director on 09/22/14 at 1:15 p.m., an electrical plug ran from a multiplug adapter in one wall of the maintenance shop, under a door, and plugged into a surface mounted electrical box on the wall of an adjacent maintenance room. Equipment batteries were being charged. The maintenance director confirmed the arrangement at the time of observation. 3.1-19(b)		multi-plug adapter were removed from the maintenance shop. The equipment battery chargers were plugged directly into a wall receptacle. IDENTIFY OTHER RESIDENTS: No other cords or multi-plug adapters were noted during the survey so no other residents would be affected. MEASURES/SYSTEMIC CHANGES: An in-service will be completed for activity and maintenance staff on the need to ensure no cords or multi-plug adapters are used as a substitute for fixed wiring of a structure. MONITORING CORRECTIVE ACTION: An audit will be completed monthly by maintenance to ensure no cords or multi-plug adapters are used as a substitute for fixed wiring of a structure. Audit results will be reported to the QA committee monthly for six months.	

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