

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/07/2012
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NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220
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K0000	<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: 11/07/12</p> <p>Facility Number: 000277 Provider Number: 155611 AIM Number: 100290530</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hoosier Christian Village 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has</p>	K0000	<p>Please consider this plan of correction as Hoosier Christian Village's credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exists or that the community agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a requirement of the provisions of Federal and State law.</p>	
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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>a capacity of 97 and had a census of 92 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two, eight foot by twelve foot wooden storage sheds which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0048 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 Based on record review and interview, the facility failed to provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguishers in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect 58 residents while in the dining room and staff while in the kitchen in the event of an emergency.</p>	K0048	<p>Hoosier Christian Village's Disaster Plan has been updated to include the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. The Disaster Plan was updated on November 14, 2012, and all supervisors were inserviced on the addition to the Disaster Plan on November 20, 2012. All kitchen staff were re-inserviced to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p>	11/14/2012			

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	<p>Findings include:</p> <p>Based on a review of the facility's fire policy labeled Hoosier Christian Village Disaster Plan on 11/07/12 at 9:30 a.m. with the maintenance supervisor, the Hoosier Christian Village Disaster Plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the maintenance supervisor acknowledged the written fire plan labeled Hoosier Christian Village Disaster Plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher. This was verified by the Nursing Supervisor at the exit conference on 11/07/12 at 12:20 p.m.</p> <p>3.1-19(b)</p>			
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K0052 SS=E	<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</p> <p>Based on record review and interview, the facility failed to ensure 9 of 59 smoke detectors could be tested for sensitivity. NFPA 72, National Fire Alarm Code, at 7-3.2 requires testing in accordance with Table 7-3.2, Testing Frequencies. Table 7-3.2.15(i) refers to 7-3.2.1 which requires Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector had remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p>	K0052	<p>Hoosier Christian Village has replaced 9 of 59 smoke detectors with the System Sensor I3 Series, 2W-B installed by US Automatic Fire and Security on November 15, 2012. The maintenance supervisor will continue to ensure each detector is within its listed and marked sensitivity range within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity testes indicate the detector had remained within its listed and marked sensitivity range, the length of time between calibration testes shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p>	11/15/2012			

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	<p>(1) Calibrated test method</p> <p>(2) Manufacturer's calibrated sensitivity test instrument</p> <p>(3) Listed control equipment arranged for the purpose</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range</p> <p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction</p> <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Note: The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>This deficient practice affects 26 residents who reside on the Basic Care Wing.</p> <p>Findings include:</p> <p>Based on a review of U.S. Automatic Fire and Security Fire Alarm System Inspection and Testing Report Sensitivity Testing on 11/07/12 at 9:55 a.m. with the maintenance supervisor, the report dated 10/04/12 listed nine Edwards model number 6450 smoke detectors in the</p>			

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	<p>Basic Care Wing which were non-testable and need to be replaced. Based on an interview with the maintenance supervisor on 11/07/12 at 10:10 a.m., the nine Edwards model number 6450 smoke detectors have not been replaced. This was verified by the Nursing Supervisor at the exit conference on 11/07/12 at 12:20 p.m.</p> <p>3.1-19(b)</p>			

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K0061 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on record review and interview; the facility failed to ensure 1 of 1 Post Indicator Valves (PIV) alarmed when the valve was closed. LSC Section 9.7.2.1 requires supervisory attachments to be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code and a distinctive supervisory signal to be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. This deficient practice could affect all residents in the facility as well as staff and visitors, if the water to the sprinkler system was shut off and not detected due to lack of supervision.</p> <p>Findings include:</p> <p>Based on review of the U.S. Automatic Fire and Security quarterly sprinkler inspection reports and annual fire alarm system testing report with the maintenance supervisor on 11/07/12 at 10:10 a.m., the report dated 10/04/12 listed the Post Indicator Valve (PIV) Tamper Switch does not report to the fire alarm panel. Based on an interview with the maintenance supervisor on 11/07/12</p>	K0061	Hoosier Christian Village had the Post Indicator Valve wired to the main fire alarm panel on November 16, 2012 by US Automatic Fire and Security so that at least a local alarm will sound when the valves are closed.	11/16/2012			

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	<p>at 10:15 a.m., the Post Indicator Valve has not been repaired since the inspection was conducted by U.S. Automatic Fire and Security on 10/04/12. This was verified by the Nursing Supervisor at the exit conference on 11/07/12 at 12:20 p.m.</p> <p>3.1-19(b)</p>			

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K0064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 Based on observation and interview, the facility failed to maintain 1 of 1 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect 58 residents who use the main dining room located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 11/07/12 at 11:20 a.m. with the maintenance supervisor, the kitchen K-class fire extinguisher located on the north wall near the cooking surface lacked a placard indicating the kitchen fire protection system was to be activated prior to using the K-class fire extinguisher. This was verified by the Nursing Supervisor at the exit conference on 11/07/12 at 12:20 p.m.</p> <p>3.1-19(b)</p>	K0064	On November 12, 2012, Hoosier Christian Village's maintenance supervisor placed a placard indicating the kitchen fire protection system was to be activated prior to using the K-class fire extinguisher. This placard was conspicuously placed near the extinguisher. Kitchen staff were re-inserviced to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.	11/12/2012			