

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155271	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/25/2012
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NAME OF PROVIDER OR SUPPLIER  MILLER'S SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8400 CLEARVISTA PL INDIANAPOLIS, IN 46256
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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: 04/25/12</p> <p>Facility Number: 000171 Provider Number: 155271 AIM Number: 100267050</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Senior Living Community 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 two story facility was determined to be of Type III (211) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident rooms.</p>	K0000		

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>The facility has a capacity of 114 and had a census of 68 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0029 SS=E	<p><b>NFPA 101</b> <b>LIFE SAFETY CODE STANDARD</b> 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 8 doors serving hazardous areas on the first floor such as rooms with fuel fired heaters are provided with a self closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect any resident, staff or visitor in the vicinity of the first floor maintenance room in the service corridor next to dietary.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 10:30 a.m. to 12:50 p.m. on 04/25/12, the door to the first floor maintenance room in the service corridor next to dietary, containing three fuel fired water heaters, is not equipped with a self closing device which would cause the</p>	K0029	<p><b>K 029 NFPA 101 Life Safety Code Standard</b> The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix <b>K029</b>. As a temporary intervention, a sign was posted on the door to 1 st floor maintenance room that contains the water heater. It indicates the door must be closed at all times. All residents that reside within the facility have the potential to be effected by this deficient practice. The corrections made protect all residents. An audit was completed of all other areas where the a self closing doors my be required, none were found. A self closing mechanism will be added to the door as soon as the product is available for placement, no later than May 25, 2012. To ensure the deficient practice does not recur the facility will review Life Safety Code Standards during Quarterly</p>	05/25/2012			

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	door to automatically close and latch into the door frame. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the door to the first floor maintenance room in the service corridor next to dietary is not equipped with a self closing device.  3.1-19(b)		rounds with our Regional Maintenance Supervisor. There will be a Quality Assurance Tool completed. This will be completed by the maintenance supervisor or designee. These systemic changes will be in place by May 25, 2012.				

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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</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility. LSC 19.7.2.2 requires written health care occupancy fire safety plans 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 affects any resident, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire safety plan titled "Fire and Disaster Manual: Fire Disaster Plan" during record review with the Maintenance Supervisor from 9:10 a.m. to 10:30 a.m. on 04/25/12, the fire safety plan did not address the use of ABC type fire extinguishers and the K</p>	K0048	<p><b>K 048 NFPA 101 Life Safety Code Standard</b></p> <p>The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix <b>K048</b>.</p> <p>The immediate corrective actions were accomplished: A policy currently exists (Attachment 1) titled: "Cooking Bank and Fire Equipment". This policy was added to all Disaster Manuals throughout the facility.</p> <p>All residents that reside within the facility have the potential to be effected by this deficient practice. The corrections made protect all residents.</p> <p>To ensure this does not recur, the policy will remain in the Disaster Manual and has indication that it is not to be removed. All staff were inserviced on this policy.</p> <p>To monitor and ensure the deficient practice does not recur a quality assurance tool was created. Included in the tool is an audit that the policy is in place in the Disaster Manual This tool will be completed semi- annually by the Administrator to ensure the</p>	05/25/2012

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	<p>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 safety plan for the facility did not include the policy to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K class fire extinguisher.</p> <p>3.1-19(b)</p>		<p>policy is in place.</p> <p>These systemic changes will be in place by May 25, 2012.</p>	

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K0062 SS=C	<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 provide a supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents, staff and visitors if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 10:30 a.m. to 12:50 p.m. on 04/25/12, there were no sidewall</p>	K0062	<p><b>K 062 NFPA 101 Life Safety Code Standard</b></p> <p>The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix <b>K062</b>.</p> <p>All residents that reside within the facility have the potential to be effected by this deficient practice. The corrections made protect all residents.</p> <p>The corrective actions were put in place: sidewall sprinklers were added to the spare sprinkler cabinet .</p> <p>To ensure this does not recur, any time construction is completed in the building, if there is a change made to the sprinkler system or heads, spare heads will be placed in the sprinkler cabinet.</p> <p>To monitor and ensure the deficient practice does not recur a quality assurance tool will be completed. This tool requires that quarterly the sprinkler cabinet will be audited by the maintenance supervisor to</p>	05/25/2012			

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	<p>sprinklers in the spare sprinkler cabinet located in the first floor maintenance room in the service corridor next to dietary. Sidewall sprinkler heads were observed during the tour in the first floor Dining Room. Based on interview at the time of observation, the Maintenance Supervisor acknowledged there were no sidewall sprinklers in the spare sprinkler cabinet.</p> <p>3.1-19(b)</p>		<p>ensure it contains all proper sprinkler heads are available.</p> <p>These systemic changes will be in place by May 25, 2012.</p>		