

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2012
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NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962
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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: 03/08/12</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Timbercrest Church of Brethren Home 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) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 and 400 halls was surveyed with Chapter 19, Existing Health Care Occupancies</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>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and battery operated smoke detectors in the resident rooms. The facility has a capacity of 65 and had a census of 60 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 the corridor doors to 1 of 2 basement hazardous areas, such as the laundry room, were self closing and latched into the door frame. This deficient practice was not in a resident care area but could affect any number of staff.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 03/08/12 at 12:13 p.m., the double door set into the laundry room did not self close and latch into the door frame. This was confirmed by the Director of Maintenance at the time of observation.</p>	K0029	A positive latching device was ordered for the Laundry Room double doors. It will be installed by April 13, 2012. The Director of Maintenance will be responsible for monitoring the proper operation of this latching device. This latching device will be listed in the automated preventive maintenance program to be inspected for proper operation quarterly. The PM work order will not be cleared without documentation of this inspection.	04/13/2012			

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	3.1-19(b)			

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K0038 SS=E	<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 the means of egress through 4 of 6 first floor exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 19.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 requires door locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the residents require specialized security measures for their safety, provided staff can readily unlock such doors at all times. This deficient practice could affect any resident without a medical diagnoses requiring security measures exiting through all exit except the Crestwood wing.</p>	K0038	The code needed to release these doors will be posted on the door or near the key pad by March 30, 2012. The Director of Maintenance will be responsible for assuring the the codes remain posted on the door or near the keypad. This will be listed in the automated preventative maintenance system for inspection quarterly.	03/30/2012			

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	<p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/08/12 during the tour from 12:13 p.m. to 3:30 p.m., with the exception of the Crestwood wing exits, all other exit doors were magnetically locked and could be opened by entering a code, but the code was not posted. The Director of Maintenance stated he was not aware of this requirement.</p> <p>3.1-19(b)</p>				

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K0056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Based on observation and interview, the facility failed to ensure complete coverage of the sprinkler system was provided for 1 of 2 east basement elevator rooms in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Exception: Sprinklers shall not be required where all of the following conditions are met: (a) The room is dedicated to electrical equipment only. (b) Only dry type electrical equipment is used. (c) Equipment is installed in a 2 hour fire rated enclosure including protection for penetrations. (d) No combustible storage is permitted to be stored in the room. This deficient practice was</p>	K0056	An order has been placed for the installation of a sprinkler head in the elevator equipment room which was cited.	04/13/2012

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	<p>not in a resident care area but could affect any number of staff.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/08/12 at 1:25 p.m., the east basement elevator room was not provided with a sprinkler head. The room was surrounded in concrete but the fire rating on the metal door could not be determined due to the lack of a fire rating tag or any additional documentation regarding the door. This was acknowledged by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p>				

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K0071 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Rubbish Chutes, Incinerators and Laundry Chutes:</p> <p>(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4.</p> <p>(4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82</p> <p>Based on observation and interview, the facility failed to provide automatic extinguishing protection for 1 of 1 linen chutes. LSC 19.5.4.2 requires any rubbish chute or linen chute shall be provided with automatic extinguishing protection in accordance with Section 9.7. This deficient practice affects any resident or staff near the linen chute in the event of an emergency.</p>	K0071	Subsequent to the survey, it was determined that the required sprinkler head is present in the laundry chute.	03/08/2012

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	<p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/08/12 at 3:45 p.m., a sprinkler pipe or a sprinkler head could not be seen in or around the linen chute. Based on an interview with Director of Maintenance at the time of observation, he could not confirm the linen chute was provided with sprinkler protection.</p> <p>3.1-19(b)</p>			
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K0074 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>Based on observation and interview, the facility failed to ensure window curtains in 11 of 11 of the 400 hall resident rooms were flame retardant. This deficient practice could affect any of the 10 residents on the 400 hall.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance on 03/08/12 from 2:50 p.m. to 3:15 p.m., the window coverings in all of the resident rooms on the 400</p>	K0074	New flame retardent window treatments will be ordered for the resident rooms on the 400 Hall of the Health Care Unit. They will be installed by June 4, 2012.	06/04/2012

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	<p>hall lacked attached documentation confirming they were inherently flame retardant. Based on interview with the Environmental Supervisor at 3:15 p.m., there was no documentation regarding flame retardancy for these window coverings available for review.</p> <p>3.1-19(b)</p>			

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K0076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure combustible materials were separated from oxygen storage equipment in 1 of 2 oxygen storage areas. NFPA 99, the Standard for Health Care Facilities, Section 8-3.1.11.2(c)2 requires oxidizing gases such as oxygen shall be separated from combustibles by a minimum distance of five feet in a fully sprinklered building. This deficient practice affects any resident in the 100 hall near the oxygen storage room.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 03/08/12 at 2:35 p.m., combustible material such as</p>	K0076	All combustible materials in the storage room on the 100 Hall will either be removed to another storage area or the room will be re-arranged to assure a minimum distance of five feet separation between combustible materials and the oxygen containers. The Director of Nursing is responsible for monitoring continued compliance with this requirement. She has developed a daily check of the oxygen refill and oxygen storage areas which is to be completed by night shift employees and documented on a log sheet (attached) which is to be returned to her at the month.	03/30/2012	

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	cardboard boxes and plastic items were stored within within seven inches of seventeen "E" cylingers near the front of the oxygen storage room and within eight inches of fifteen "E" cylinders near the rear of the oxygen storage room. This was acknowledged by the Director of Maintenance at the time of observation. 3.1-19(b)				

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K0143 SS=E	<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 oxygen stored in 1 of 2 sprinklered oxygen storage/transfer locations was separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire resistive construction and where electrical fixtures were at least 5 feet above the floor. NFPA 99, 8-3.1.1.1 requires storage for nonflammable gases shall comply with 4-3.1.1.2. NFPA 99, 4-3.1.1.2(a)(4) requires electrical fixtures, switches and outlets in oxygen storage locations be installed in fixed</p>	K0143	The light switches and receptacles in the Oxygen Storage Room will be moved to a location at least five feet above the level of the floor.	04/13/2012	

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	<p>locations not less than 5 feet above the floor to avoid physical damage. This deficient practice could affect any residents near the oxygen transferring room in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 03/08/12 at 2:28 p.m., the oxygen transferring room had four large liquid oxygen storage tanks placed in the room with two electrical receptacles on the wall forty eight inches above the floor. Based on an interview with the Director of Maintenance at the time of observation, the oxygen storage room was recently converted to an oxygen transferring room. He was not aware of this requirement.</p> <p>3.1-19(b)</p>						

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to provide the complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. NFPA 99, Section 3-4.1.1.8 states the generator set shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. This deficient practice affects all occupant.</p> <p>Findings include:</p> <p>Based on review of the generator log titled "Monthly Load Log" with the Director of Maintenance on 03/08/12 at 12:00 p.m., the emergency generator was tested monthly under load for at least 30 minutes, however, the monthly load test record did not include the time for the transfer of power</p>	K0144	The procedure for load testing of the emergency generator will be revised to require that the time for transfer of power from the main source to the generator will be recorded on the Monthly Load Log. All Maintenance Staff assigned to this task will be inserviced on the change. The Director of Maintenace will check the log after the next several load tests to assure the the new procedure is being followed.	03/30/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/08/2012
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NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF BRETHREN	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962
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	<p>from the main source to the generator. This was acknowledged by the Director of Maintenance.</p> <p>3.1-19(b)</p>			

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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: 03/08/12</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Timbercrest Church of Brethren Home 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) and 410 IAC 16.2. The new section of the building consisting of the kitchen, main dining room and the Crestwood wing was surveyed with Chapter 18, New Health Care Occupancies</p>	K0000					

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	<p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and the resident rooms in Crestwood. The facility has a capacity of 65 and had a census of 60 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on observation and interview, the facility failed to provide exterior emergency lights for 1 of 2 Crestwood wings' emergency exits. LSC Section 7.9.1.1 requires emergency lighting for means of egress shall be provided for the exit access and exit discharge. This deficient practice could affect any of the sixteen Crestwood residents.</p> <p>Findings include:</p> <p>Based on observation with Director of Maintenance on 03/08/12 at 1:45 p.m., exterior light fixtures were observed in the canopy of the Crestwood courtyard exit, but the exit discharge path sidewalk continued around a tree and connects with the exit discharge sidewalk from the 200 hall. Based on an interview with the Director of Maintenance at the time of observation, the exit discharge path near the 200 hall would not have emergency lighting coverage.</p>	K0046	A light on emergency power will be installed to illuminate the sidewalk discharge path in the area cited by April 13, 2012.	04/13/2012	

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K0069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 hood extinguishing systems in the kitchen was inspected and serviced every six months. NFPA 96, the Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 8-2 requires an inspection and servicing of the fire extinguishing system at least every six months. This deficient practice could affect all resident in the dining room in the event of an emergency.</p> <p>Findings include:</p> <p>Based on record review with Director of Maintenance on 03/08/12 at 11:45 a.m., he was unable to provide a copy of the hood extinguishing system inspection prior to the Nowak 02/14/12 inspection. Based on an interview with the Director of Maintenance at the time of record review, no other documentation was available for review.</p>	K0069	<p>Although it is believed that the required inspection was completed, the contractor is unable to provided a written report of this inspection. The Maintenance Department's automated work order system will be set to produce a work order for the required inspections at six month intervals begining with the most recent satisfactory inspection. The work order will not be cleared in the system until a written report is received.</p>	03/30/2012			

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	<p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure the complete range hood fire extinguishing system was UL 300 approved. Life Safety Code (LSC) 19.3.2.6 refers to LSC 9.2.3. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 8-2.1 requires all actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. NFPA 96, 7-2.2 requires automatic fire-extinguishing systems shall comply with standard UL 300, Fire Testing of Fire Extinguishing Systems for Protection of Restaurant Cooking Areas. This deficient practice could affect any resident in the main dining room in the event of an emergency.</p> <p>Findings include:</p>			

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	<p>Based on record review with Director of Maintenance on 03/08/12 at 11:45 a.m., the Nowak untitled range hood fire extinguishing equipment inspection report indicated "Nozzles in plenum are Pre UL 300." Based on an interview with the Director of Maintenance at the time of record review, he believed the paperwork was incorrect but could provide no documentation to proved it.</p> <p>3.1-19(b)</p>			

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to provide the complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. NFPA 99, Section 3-4.1.1.8 states the generator set shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. This deficient practice affects all occupant.</p> <p>Findings include:</p> <p>Based on review of the generator log titled "Monthly Load Log" with the Director of Maintenance on 03/08/12 at 12:00 p.m., the emergency generator was tested monthly under load for at least 30 minutes, however, the monthly load test record did not include the time for the transfer of power</p>	K0144	The procedure for load testing of the emergency generator will be revised to require that the time for transfer of power from the main source to the generator will be recorded on the Monthly Load Log. All Maintenance Staff assigned to this task will be inserviced on the change. The Director of Maintenace will check the log after the next several load tests to assure the the new procedure is being followed.	03/30/2012	

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	<p>from the main source to the generator. This was acknowledged by the Director of Maintenance.</p> <p>3.1-19(b)</p>			