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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155205 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 04/01/2016 |
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| NAME OF PROVIDER OR SUPPLIER GREENCROFT HEALTHCARE | STREET ADDRESS, CITY, STATE, ZIP CODE 1225 GREENCROFT DR GOSHEN, IN 46527 |
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| K 0000 Bldg. 01 | <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/17-18/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/01/16</p> <p>Facility Number: 000112 Provider Number: 155205 AIM Number: 100288710</p> <p>At this Life Safety Code survey, Greencroft Healthcare was found substantial 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 18, New Health Care Occupancies, Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The existing one story facility with a partial 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</p> | K 0000 | <p>F 000 Initial Comments</p> <p>This plan of correction constitutes Greencroft Healthcare's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission or that a deficiency exists, or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a desk review of this Plan of Correction.</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>corridors except for the Therapy wing and the Gables nursing unit and all spaces open to the corridors. Hard wired smoke detectors that provide a visual and audible signal at the nurses' station were provided in all resident rooms. The new two story addition was determined to be of Type II (111) construction and fully sprinklered. A 2-hour fire wall is provided on each side of the corridor dividing the facility into two separate buildings. The new building is subdivided into two smoke compartments on both floors. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 256 and had a census of 218 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>The facility has elected to utilize a Categorical Waiver pertaining to the kitchens in Cove and Haven open to the corridor and is in compliance.</p> <p>Quality Review completed on 04/05/16 -</p> | | | |

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| K 0018 SS=B Bldg. 01 | <p>DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 2 oxygen storage corridor doors closed and positively latched into the door frame. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance and Director of Environmental Services on 04/01/16 at 10:55 a.m., one of the two corridor doors to the oxygen storage room was still provided with a latching device that required manual operation. An additional positive latching hardware was installed but failed to latch into the frame when</p> | K 0018 | <p>K018</p> <p>We adjusted the latch hardware and the hydraulic door closure mechanism to ensure door self-closes and latches securely. We monitor daily for one week for self-closure and latching, and then weekly for 90 days.</p> <p>Thereafter, monitored monthly for operational compliance as a part of Preventative Maintenance.</p> <p>We have added latch/closure signage.</p> <p>Compliance 4/11/16</p> | 04/11/2016 |

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| K 0000 Bldg. 02 | <p>tested. Based on interview at the time of observation, the Director of Maintenance and Director of Environmental Services acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 02/17/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/17-18/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/01/16</p> <p>Facility Number: 000112 Provider Number: 155205 AIM Number: 100288710</p> <p>At this Life Safety Code survey, Greencroft Healthcare was found substantial in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the</p> | K 0000 | <p>F 000 Initial Comments</p> <p>This plan of correction constitutes Greencroft Healthcare's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission or that a deficiency exists, or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a desk review of this Plan of Correction.</p> | |

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