

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155100	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2014
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BEDFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 NORTON LN BEDFORD, IN 47421
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K010000	<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: 04/16/14</p> <p>Facility Number: 000040 Provider Number: 155100 AIM Number: 100274460</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Garden Villa - Bedford 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 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, in spaces open to the corridors and battery powered smoke detectors in all resident</p>	K010000	Preparation and submission of this plan of correction does not constitute an admission or agreement by Garden Villa of the conclusions of this survey. We respectfully submit this plan of correction as proof of our compliance with State and Federal regulations, and per the laws that mandate the submission of this plan. We respectfully request a desk review for the plan of correction submitted. Please review the attached documents with this plan of correction, as evidence of completion of this plan of correction and evidence of compliance	

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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K010018 SS=E	<p>rooms. The facility has a capacity of 190 and had a census of 130 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one garage which is used to store facility equipment and the elevator mechanical rooms.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/01/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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</p>						

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	<p>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 1 sets of double leaf corridor doors could latch independently into the door frame. This deficient practice could affect 6 residents observed in the Activities room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/16/14 at 2:00 p.m. with the Maintenance Supervisor, the set of double leaf corridor doors leading into Activities next to the Main dining room on the first floor required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame. Based on interview on 04/16/14 concurrent with the observation it was acknowledged by the Maintenance Supervisor, the aforementioned set of corridor doors would not latch independently into their door frame.</p> <p>3.1-19(b)</p>	K010018	<p>K018 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1) Any resident, staff, or visitor that was in the indicated area had the potential to be affected. A new set of doors have been ordered to the replace current doors in area mentioned. Please see attached order from Central Indiana Hardware. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; 2) Any resident, staff or visitor have the potential to be affected by this practice. Plant Operations staff have checked all other doors to ensure proper latching. No other doors found to be deficient. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; 3) Plant Operations staff have checked all other doors to ensure proper latching. No other doors found to be deficient. 4) How the corrective action(s) will be monitored to ensure the deficient</p>	05/12/2014			

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K010056 SS=E	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 elevator equipment rooms located in the basement were provided with sprinkler coverage. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine</p>	K010056	<p>practice will not recur, i.e., what quality assurance program will be put into place; and 4) Any time that there are upgrades or renovations in the building the Plant Operations staff will be responsible for the installment of proper latching door equipment. 5) By what date the systemic changes will be completed. 5) Doors ordered on 5/12/14 and will be installed accordingly. (Please refer to attached order from Central Indiana Hardware)</p> <p>K056 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1) Any resident, staff, or visitor that was in the indicated area had the potential to be affected. Sprinklers have been added to Elevator Equipment rooms along with two (2) shunt trip breakers and enclosures.</p>	05/01/2014

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	<p>rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect 10 resident observed in Therapy, which is located next the elevator machine rooms, as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 04/16/14 between 1:20 p.m. and 1:59 p.m. with the Maintenance Supervisor, the elevator equipment rooms located in the basement adjacent to the Therapy room were not sprinklered. Based on interview on 04/16/14 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the elevator equipment rooms located in the basement were not sprinklered.</p> <p>3.1-19(b)</p>		<p>Shunt breakers will be connected to flow switch on sprinkler line for shut down of Elevator equipment in the event of water flow. 2)How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; 2) All residents have the potential to be affected by this practice. Plant operation staff along with Circle City Fire Protection completed a building wide evaluation. No further action needed. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; 3) Plant operation staff along with Circle City Fire Protection completed a building wide evaluation. No further action needed. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and 4) Circle City Fire Protection will monitor/test sprinkler system and Shunt breakers quarterly per their contract along with Plant Operations Quarterly PM Log. 5) By what date the systemic changes will be completed. 5/01/14(sprinklers complete) 5/06/14(shunts ordered)5/28/14(shunts complete)</p>				