

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155717	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2014
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME ASSOC OF GREATER INDIANAPOLIS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/07/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/16/14</p> <p>Facility Number: 000376 Provider Number: 155717 AIM Number: 100275510</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this PSR survey, the Alpha Home Association of Greater Indianapolis, Inc. 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 (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the</p>	K010000	<p>Preparationand/or execution of this plan of correction in general, or this correctiveaction in particular, does not constitute an admission of agreement by thisfacility of the facts alleged or conclusions set forth in this statement ofdeficiencies. The plan of correction and specific corrective actions areprepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance for this citation.</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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K010046 SS=C	<p>corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 86 and had a census of 31 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one detached storage shed.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/23/14.</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 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review and interview, the facility failed to document annual testing of emergency lighting in accordance with LSC 7.9 for 1 of 1 battery powered lights for the most recent 12 month period. LSC 7.9.3 Periodic Testing of Emergency Lighting</p>	K010046	<p>K046</p> <p>- It is the policy of this facility to annually test the Emergency Generator battery operated light for not less than 1 ½-hour</p>	01/02/2015

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	<p>Equipment requires an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ -hr duration.</p> <p>Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator-Monthly Test Log" battery operated light testing documentation for the most recent twelve month period with the Housekeeping Supervisor from 9:20 a.m. to 11:20 a.m. on 12/16/14, documentation of an annual test for the battery powered emergency light located at the emergency generator for not less than 1 ½ -hr duration for the most recent twelve month period was not available for review. Based on interview at the time of record review, the Housekeeping Supervisor stated one battery operated emergency light is located at the emergency generator and acknowledged documentation of an annual test for not less than 1 ½ -hr duration for the most recent twelve month period was not available for review.</p>		<p>duration.</p> <p>Written records of the visual inspections and tests shall be kept in the preventative maintenance binder for review.</p> <p>The form used to document the emergency light annual test was updated to show test was completed for 1 ½ hour duration.</p> <p>- Emergency generator battery operated light annual test was completed on 12.31.14. Test was completed for 1 ½ hour duration. Equipment was fully operational for the duration of the test.</p> <p>- The Administrator or designee will review the facility preventative maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by</p>	

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K010052 SS=F	<p>This deficiency was cited on 10/07/14. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <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>1. Based on record review and interview, the facility failed to document annual testing of the facility fire alarm system. NFPA 72, 7-3.2 refers to fire alarm component testing frequencies in Table 7-3.2 which requires an annual fire alarm system test. Section 7-5.2 requires a permanent record of all inspections, testing and maintenance shall be provided that includes information requested in Figure 7-5.2.2. This deficient practice could affect all residents, staff and visitors in the facility.</p>	K010052	<p>theinterdisciplinary team and a plan of action will be implemented to resolve theconcern.</p> <p>Results of the monitoring will bereviewed during the facility's Quality Assurance meeting for continuedcompliance, monitoring will be ongoing.</p> <p>K052 K052</p> <p>It is the policy of this facility toensure an annual fire alarm inspection is conducted annually and documentationis available for review.</p> <p>Annual fire alarm system test isscheduled to be completed by SafeCare</p>	01/02/2015

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	<p>Findings include:</p> <p>Based on record review with the Housekeeping Supervisor from 9:20 a.m. to 11:20 a.m. on 12/16/14, documentation of annual testing of the fire alarm system was not available for review. Based on interview at the time of record review, the Housekeeping Supervisor acknowledged documentation of a fire alarm system inspection within the last twelve month period was not available for review.</p> <p>This deficiency was cited on 10/07/14. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure all smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 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 that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray</p>		<p>on 1/2/14.</p> <p>Written records of the inspections and tests shall be kept in the preventative maintenance binder for review.</p> <p>Ongoing, the administrator or designee will monitor inspections to ensure they are conducted at the proper intervals and documentation maintained.</p> <p>The Administrator or designee will review the facility preventative maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by the interdisciplinary team and a plan of action will be implemented to resolve the concern.</p> <p>Results of the monitoring will be reviewed during the facility's Quality</p>	
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	<p>smoke, if not marked), 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.</p> <p>To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (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 (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>		<p>Assurance meeting for continued compliance, monitoring will be ongoing.</p> <p>It is the policy of this facility to complete smoke detector sensitivity testing for all facility smoke detectors every two year period. SafeCare completed a Sensitivity Test and Inspection on 11-12-13. Copy of the report is attached. SafeCare is scheduled to replace the failed detectors from the Sensitivity Test and Inspection by January 7th. A letter from SafeCare is attached showing they are scheduled to replace the failed detectors.</p> <p>Written records of the inspections and tests shall be kept in the preventative maintenance binder for review.</p> <p>Ongoing, the</p>	

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K010062 SS=F	<p>Based on record review with the Housekeeping Supervisor from 9:20 a.m. to 11:20 a.m. on 12/16/14, documentation of smoke detector sensitivity testing for all facility smoke detectors within the most recent two year period was not available for review. Based on interview at the time of record review, the Housekeeping Supervisor acknowledged documentation of smoke detector sensitivity testing in the last two years for all facility smoke detectors was not available for review.</p> <p>This deficiency was cited on 10/07/14. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>		<p>administrator or designee will monitor inspections to ensure they are conducted at the proper intervals and documentation maintained.</p> <p>The Administrator or designee will review the facility preventative maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by the interdisciplinary team and a plan of action will be implemented to resolve the concern.</p> <p>Results of the monitoring will be reviewed during the facility's Quality Assurance meeting for continued compliance, monitoring will be ongoing.</p> <p>--</p>				

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	<p>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 record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was clear of blockage once an internal pipe inspection revealed obstruction. NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems at 10-2.3 requires a complete flushing program shall be conducted by qualified personnel. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Circle City Fire Protection "Inspection, Testing and Maintenance of Dry Pipe Sprinkler Systems" documentation dated 09/19/14 with the Housekeeping Supervisor during record review from 9:20 a.m. to 11:20 a.m. on 12/16/14, the "Comments" section stated the results of the internal pipe inspection were "Cross Mains, 100, 200, 300 wings and office main 70% filled with mud, cross main and main need flushed." In addition, Circle City Fire Protection's letter dated 11/26/14 stated the flushing procedure "should be postponed until March or early April</p>	K010062	<p>K062 Temporary Waiver Request Attached. It is the facility policy to ensure the facility sprinkler system is continuously maintained in reliable operating condition and are inspected and tested periodically. Circle City Fire Protection completed the quarterly inspection of the fire sprinkler system on 12/8/14 and no issues were noted at that time. Circle City Fire Protection is scheduled to complete the flush in March or early April, 2015. Due to the risk of the pipes freezing the flushing has to be completed with temperatures remaining constantly above freezing to avoid the possibility of damages that could occur if piping became frozen. Letter attached. SafeCare was also contact and recommended that any flushing of the sprinkler system wait until temperatures remain constantly above freezing to avoid the possibility of damages. Written records of the inspections and tests shall be kept in the preventative maintenance binder for review. Ongoing, the administrator or designee will monitor</p>	01/02/2015

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	<p>2015. This piping is located in unheated attic space and should not have water put in piping until temperatures remain constantly above freezing to avoid the possibility of damages that could occur if piping became frozen." Based on interview at the time of record review, the Housekeeping Supervisor acknowledged sprinkler system flushing had not yet been performed following the 09/19/14 internal pipe inspection.</p> <p>3.1-19(b)</p>		<p>inspections to ensure they are conducted at the proper intervals and documentation maintained. The Administrator or designee will review the facility preventative maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by the interdisciplinary team and a plan of action will be implemented to resolve the concern. Results of the monitoring will be reviewed during the facility's Quality Assurance meeting for continued compliance, monitoring will be ongoing. K069 The facility will ensure a semiannual kitchen hood fire extinguishing system inspection is conducted within the proper intervals and documentation is maintained. SafeCare (Allied) is scheduled to complete a semiannual kitchen hood fire extinguishing system inspection on 1/2/14. SafeCare (Allied) completed semiannual kitchen hood fire extinguishing system inspection on 5/9/14 and 11/4/13. Copies of inspections are attached. Written records of the inspections and tests shall be kept in the preventative maintenance</p>	

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			<p>binder for review. Ongoing, the administrator or designee will monitor inspections to ensure they are conducted at the proper intervals and documentation maintained. The Administrator or designee will review the facility preventative maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by the interdisciplinary team and a plan of action will be implemented to resolve the concern. K144 It is the policy of this facility to annually test the Emergency Generator battery operated light for not less than 1 1/2-hour duration. Written records of the visual inspections and tests shall be kept in the preventative maintenance binder for review. The form used to document the emergency light annual test was updated to show test was completed for 1 1/2 hour duration. _ Emergency generator battery operated light annual test was completed on 12.31.14. Test was completed for 1 1/2 hour duration. Equipment was fully operational for the duration of the test. _ The Administrator or designee will review the facility preventative</p>	

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K010069 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 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, 1999 edition, Section 8-2 requires an inspection and servicing of the fire extinguishing system at least every six months. This deficient practice could affect five staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on record review with the Housekeeping Supervisor from 9:20 a.m. to 11:20 a.m. on 12/16/14, documentation of semiannual hood extinguishing system inspections within the most recent twelve month period</p>	K010069	<p>maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by the interdisciplinary team and a plan of action will be implemented to resolve the concern.</p> <p>K069 The facility will ensure a semiannual kitchen hood fire extinguishing system inspection is conducted within the proper intervals and documentation is maintained. SafeCare(Allied) is scheduled to complete a semiannual kitchen hood fire extinguishing system inspection on 1/2/14. SafeCare(Allied) completed semiannual kitchen hood fire extinguishing system inspection on 5/9/14 and 11/4/13. Copies of inspections are attached.</p>	01/02/2015

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K010144 SS=C	<p>were not available for review. Based on interview at the time of record review, the Housekeeping Supervisor acknowledged semiannual kitchen hood system inspections within the most recent twelve month period was not available for review.</p> <p>This deficiency was cited on 10/07/14. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <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.</p>		<p>Written records of the inspections and tests shall be kept in the preventative maintenance binder for review.</p> <p>Ongoing, the administrator or designee will monitor inspections to ensure they are conducted at the proper intervals and documentation maintained.</p> <p>The Administrator or designee will review the facility preventative maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by the interdisciplinary team and a plan of action will be implemented to resolve the concern.</p>	

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	<p>3.4.4.1. Based on record review and interview, the facility failed to document annual testing of emergency lighting in accordance with LSC 7.9 for 1 of 1 battery powered lights for the most recent 12 month period. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ -hr duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator-Monthly Test Log" battery operated light testing documentation for the most recent twelve month period with the Housekeeping Supervisor from 9:20 a.m. to 11:20 a.m. on 12/16/14, documentation of an annual test for the battery powered emergency light located at the emergency generator for not less than 1 ½ -hr duration for the most recent twelve month period was not available for review. Based on interview at the</p>	K010144	<p>It is the policy of this facility to annually test the Emergency Generator battery operated light for not less than 1 ½-hour duration.</p> <p>Written records of the visual inspections and tests shall be kept in the preventative maintenance binder for review.</p> <p>The form used to document the emergency light annual test was updated to show test was completed for 1 ½ hour duration.</p> <p>- Emergency generator battery operated light annual test was completed on 12.31.14. Test was completed for 1 ½ hour duration. Equipment was fully operational for the duration of the test.</p> <p>- The Administrator or designee will review the</p>	01/02/2015

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NAME OF PROVIDER OR SUPPLIER ALPHA HOME ASSOC OF GREATER INDIANAPOLIS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>time of record review, the Housekeeping Supervisor stated one battery operated emergency light is located at the emergency generator and acknowledged documentation of an annual test for not less than 1 ½ -hr duration for the most recent twelve month period was not available for review.</p> <p>This deficiency was cited on 10/07/14. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>facility preventative maintenance binder each month to ensure appropriate testing is completed. Any negative findings will be reviewed by the interdisciplinary team and a plan of action will be implemented to resolve the concern.</p> <p>Results of the monitoring will be reviewed during the facility's Quality Assurance meeting for continued compliance, monitoring will be ongoing.</p>		