

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2016
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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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K 0000 Bldg. 02	<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: 02/15/16</p> <p>Facility Number: 000485 Provider Number: 155655 AIM Number: 100291190</p> <p>At this Life Safety Code survey, Peabody Retirement 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of Health Care Center South a fully sprinklered two story building of Type II (111) construction, Health Care North and Smock Memory Enhancement Center both are one story fully sprinklered buildings of Type II (111) construction, and Tharpy Center is a one story fully sprinklered buildings of Type II (000)</p>	K 0000		

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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K 0056 SS=F Bldg. 02	<p>construction. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridor and hard wired smoke detectors in the resident rooms. The facility has a capacity of 192 and had a census of 167 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 with exception of the attic wood walkway and dormers.</p> <p>Quality Review on 02/17/16 by Lex Brashear, LSC Specialist</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 18.3.5, 18.3.5.1. Based on observation and interview, the facility failed to ensure complete automatic sprinkler system was provided for 18 of 18 combustible attic spaces in accordance with NFPA 13, Standard for</p>	K 0056	Peabody's Plant Operations Director e-mailed Amy Kelly on March 3, 2016 about Life safety findings of attic spaces of noncombustible material, with exception of 2 foot	03/09/2016

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	<p>the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. 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 could affect all resident of the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Facility Services on 02/15/16 between 11:00 a.m. and 2:00 a.m., the facility is of type II(111) construction and all attic spaces were constructed of non-combustible material with exception of the two foot wood walkway in the center of each attic space and a six by six foot plywood constructed dormers in each attic space. Each walkway and dormers lacked sprinkler coverage. Based on an interview at the time of observation and telephone call on 2/17/15 at 2:00 p.m., the Director of Facility Services acknowledge the lack of sprinkler coverage for each walkways and dormers</p>		<p>walkways in the center of the attic. Amy responded with e- mail below to postpone plan of correction to March 9, 2016.</p> <p>March 9, 2016 Peabody's Plant Operations Director spoke with Amy Kelly about alleged deficiency K 056 @ 11:25am Amy requested that Peabody send pictures of the 2 foot walkways fire ratings with the plan of correction. You will see below the information that was found on the attic walk ways along with pictures.</p> <p>From:Kelley, Amy Jo [mailto:amkelley@isdh.IN.gov] Sent: Thursday, March 03, 2016 1:18 PMTo: Judy, StephanieSubject: RE: Life Safety question</p> <p>Stephanie,</p> <p>Your Plan of Correction (POC) due date has been extended until 03/09/16. I'm on vacation today 03/03 and tomorrow 03/04. I will get in touch with you prior to 03/09/16.</p> <p>Let me know if you have any questions</p>	

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	<p>continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 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 document and conduct weekly tests of the fire pump in accordance with LSC Section 9.7.5 and 19.3.5.1 and NFPA 25. NFPA 25, Table 5-1.1 and then 5-2 through 5-3.2.4.4 requires the following weekly inspections: the pump house conditions-heat is at least 40 degrees F, heating ventilating louvers are free to operate, fire pump system conditions with valves fully open, piping free of leaks, suction line pressure gauge reading is normal, suction reservoir is full. Additionally, 5-3.2.1 requires a no flow, ten minute pump test shall be performed weekly. This deficient practice affects all occupants.</p> <p>Finding include:</p> <p>Based on record review with the Director of Facility Services on 02/15/16 at 10:10 a.m., the facility was unable to provide documentation of a weekly inspection of the fire pump. Based on interview at the time of records review, the Director of Facility Services stated it was unknown if weekly checks were completed and could not provide any other documentation to show completed checks.</p>	K 0062	<p>There were no residents adversely affected by this alleged deficient practice.</p> <p>As all residents have the potential to be affected. The fire pumps paper work for the weekly inspections will be in place and weekly test being completed beginning March 11, 2016.</p> <p>Director of Facility Services / Designee will complete weekly audits x 2 months and then monthly x 4 months to insure that weekly fire pump inspections are completed. All Maintenance staff will be in-serviced by March 9, 2016 Director of Facility Services / Designee will present to QAPI monthly to insure that weekly test are being completed and to report any problem that may occur.</p>	03/09/2016			

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K 0064 SS=B Bldg. 02	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6</p> <p>Based on observation and interview, the facility failed to maintain 2 of 4 K Class portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2-3.2 requires fire extinguishers provided for the protection of cooking appliances use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect up to 80 residents using the memory care and health care south 1st floor dining rooms and kitchen</p>	K 0064	<p>There were no residents adversely affected by this alleged deficient practice.</p> <p>As all residents have the potential to be affected. The signs are in place for the K class fire extinguishers being completed on March 4, 2016</p> <p>Director of Facility services / Designee will do weekly audits x 2 months and then monthly x 4 months to insure signs are in place above extinguishers. All Maintenance staff will be in-serviced by March 9, 2016</p> <p>Director of Facility Services / Designee will present to QAPI monthly to insure that signs are still in place in each of the kitchen.</p>	03/09/2016

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	<p>staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Facility Services on 02/15/16 at 11:56 a.m. and again at 12:34 p.m., the memory care and health care south 1st floor kitchen's K Class fire extinguishers lacked a placard. Based on an interview at the time of observation, the Director of Facility Services confirmed both kitchen's K Class fire extinguishers lacked a placard identifying its use as secondary backup to the kitchen automatic fire suppression system.</p> <p>3.1-19(b)</p>						