

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155487	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2012
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NAME OF PROVIDER OR SUPPLIER BROWN COUNTY HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 55 E WILLOW ST NASHVILLE, IN 47448
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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: 12/05/12</p> <p>Facility Number: 000479 Provider Number: 155487 AIM Number: 100290880</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Brown County Health and Living Community 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) and 410 IAC 16.2. The original building consisting of everything except the new therapy room was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility 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>	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>corridors, spaces open to the corridors, battery operated smoke detectors in all resident rooms except on E-hall rooms E 7 through E 14 have hard wired smoke detectors. The facility has a capacity of 116 and had a census of 114 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, except an outside shed used for maintenance equipment and holiday decorations.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/07/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 smoke barrier walls was protected to maintain the one half hour fire resistance rating of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire be protected, so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 24 residents on A hall as well as visitors and staff if smoke from a fire were to infiltrate the protective barrier wall.</p> <p>Findings include:</p> <p>Based on observations on 12/05/12 at 2:50 p.m. with the Maintenance</p>	K0025	<p><u>K025</u> I. Fire Caulk has been applied to the one half inch gaps around the two sprinkler pipes and the cable wires in the A Hall smoke barrier wall cited in this deficiency. II. All other firewalls will be inspected and gaps around the sprinkler pipes and data wires will be filled with fire caulk as needed. Building repair and maintenance vendors will be notified, upon any need for service that may disrupt the integrity of the fire caulk, to report any need to replace fire caulk. III. Firewall inspection has been added to the Preventative Maintenance schedule requiring the Maintenance Director or his designee to inspect fire walls once a month to make sure all penetration gaps in facility firewalls are fire caulked. IV. Results of these inspections will be submitted to the Quality Assurance Committee every month for a year. Plan of Correction date: January 4, 2013</p>	01/04/2013	

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	<p>Supervisor, above the ceiling drywall at A hall the smoke barrier wall had a two inch diameter sprinkler pipe penetrating the smoke wall at the top center of the wall with a one half inch gap around the pipe, plus a two inch diameter sprinkler pipe with a one half inch opening around the pipe at the bottom left of the wall and lastly five cable wires which were run through the smoke wall at the bottom center had a one half inch opening around the wires which were not firestopped or sealed with a fire rated material. Based on interview on 12/05/12 at 2:59 p.m. with the Maintenance Supervisor; it was acknowledged the A hall smoke barrier wall had unprotected openings which were not sealed with a fire rated material.</p> <p>3.1-19(b)</p>				

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K0062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect 24 residents on D hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/05/12 at 2:45 p.m. with the Maintenance Supervisor, a section of a two inch diameter sprinkler pipe, the length of the corridor was used to support six low voltage electrical wires in the attic space on D hall. Based on interview on 12/05/12 at 2:48 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned sprinkler pipe in the attic above D hall was used to support six low voltage wires.</p> <p>3.1-19(b)</p>	K0062	<p><u>K062</u> I. The six low voltage electrical wires that were supported by a section of two inch diameter sprinkler pipe in the D Hall corridor were detached from the sprinkler pipe. II. All other corridor sprinkler pipes were inspected and were found to be free from any attached wires. III. Building repair and maintenance vendors will be notified that attaching anything to the sprinkler pipes in strictly prohibited. Maintenance Director or his designee will inspect the corridor sprinkler pipes once a month to make sure they are clear of any attachments. IV. Results of these inspections will be submitted to the Quality Assurance Committee every month for a year. Plan of Correction date: January 4, 2013</p>	01/04/2013			

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K0147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 electrical junction boxes containing electrical wiring were contained in the junction boxes with covers. NFPA 70, National Electrical Code, 1999 Edition, 1999 Edition, Article 370-28(c) requires exposed electrical wires be confined within a junction box with a cover compatible with the box. This deficient practice could affect 24 residents on A hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/05/12 at 3:00 p.m. with the Maintenance Supervisor, a total of eight electrical wires were jutting out of two electrical junction boxes without a cover above the attic access door on A hall. Based on interview on 12/05/12 it was acknowledged by the Maintenance Supervisor, the electrical wires jutting out of the two electrical junction boxes were not protected with a cover.</p> <p>3.1-19(b)</p>	K0147	<p><u>K147</u> I. The 2 of 2 electrical junction box covers in the attic above the A Hall access door have been replaced. II. All other electrical junction boxes in the attic have been inspected and all have covers in place. III. Maintenance Director or his designee will inspect electrical junction boxes once a month to make sure they are still intact. IV. Results of these inspections will be submitted to the Quality Assurance Committee every month for a year. Plan of Correction date: January 4, 2013</p>	01/04/2013			

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