

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2015
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NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944
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K 0000 Bldg. 01	<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: 09/22/15</p> <p>Facility Number: 000288 Provider Number: 155743 AIM Number: 100287380</p> <p>At this Life Safety Code survey, Green-Hill Manor 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 facility consisted of the original building and a 1999 addition. The 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 corridors, spaces open to the corridors and hard wired smoke detectors in resident sleeping rooms 33 through 45.</p>	K 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider or any conclusion set forth in the statement of deficiencies or any violation of regulation. Provider desires that the 2567 plan of correction be considered the letter of credible compliance and requests a desk review certification in lieu of a revisit on or after 10/22/2015.</p> <p>James D. Sizemore, HFA Administrator</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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K 0050 SS=F Bldg. 01	<p>All other resident rooms were equipped with battery powered smoke detectors. The facility has a capacity of 64 and had a census of 36 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered except for the north and northwest exit overhangs which were not sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed 09/25/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to vary the time when conducting drills on the same shift for 3 of 4 quarters of 2015. This deficient practice affects all residents in the facility including staff and visitors.</p> <p>Findings include:</p>	K 0050	K050NFPA 101 Life Safety Code Standard Firedrills are held at unexpected times under varying conditions, at leastquarterly on each shift. The staff is familiar with procedures and is awarethat drills are part of established routine. Responsibility for planning andconducting drills is assigned only to competent persons who are qualified to	10/22/2015

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	<p>Based on review of Monthly Fire Drill records on 09/22/15 at 4:15 p.m. with the Maintenance Supervisor, the third shift of the first, second and third quarter of 2015 were done at 11:15 p.m., 11:10 p.m. and 11:10 respectively. Based on interview on 09/22/15 at 4:17 p.m. with the Maintenance Supervisor, it was acknowledged the timing of the fire drills for the third shift of the first, second and third quarter 2015 were not varied by at least two hours.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>exerciseadership. Where drills are conducted between 9PM and 6AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice?</p> <p>1.) No Residents were directly affected by the deficient practice</p> <p>1. The Maintenance Supervisor was re-educated on 09-22-2015 by the Administrator to ensure that all fire drills are conducted at varying times 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?</p> <p>1. All Residents have the potential to be affected by the deficient practice</p> <p>2. No other Residents were affected by the deficient practice</p> <p>3. The Maintenance Supervisor was re-educated on 09-22-2015 by the Administrator to ensure that all fire drills are conducted at varying times What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p>	

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K 0056 SS=E Bldg. 01	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		<p>1. The Maintenance Supervisor was re-educated on 09-22-2015 by the Administrator to ensure that all fire drills are conducted at varying times</p> <p>2. See attached annual fire alarm drill schedule 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</p> <p>1. The Maintenance Supervisor will utilize the fire alarm drill schedule when conducting monthly fire drills. The Maintenance Supervisor or designee will then submit fire drills monthly to the Administrator for review to ensure that times are varying and being conducted monthly.</p> <p>2. The Maintenance Supervisor or designee will submit monthly fire drills to the Administrator indefinitely for their review to ensure times are varied</p> <p>3. The Maintenance Supervisor or designee will then submit monthly fire drills to the Quality Assurance Committee for review. Any deficient practice identified will be corrected immediately. By what date the systemic changes will be completed 10/22/2015</p>		

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	<p>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 observations and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 2 of 3 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 18 residents on north wing using the north and northwest exits to evacuate as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 09/22/15 at 2:01 p.m. with the Maintenance Supervisor, the north and northwest exits had entrance overhangs constructed of aluminum material for the ceiling with</p>	K 0056	<p>K056NFPA 101 LIFE SAFETY CODE STANDARD Ifthere is an automatic sprinkler systems, it is installed in accordance withNFPA 13, Standard for the Installation of Sprinkler Systems, to providecomplete coverage for all portions of the building. The system is properly maintainedin accordance with NFPA 25, Standard for the inspection, testing, andmaintenance of water-based fire protection systems. It is fully supervised.There is a reliable, adequate water supply for the system. Required sprinklersystems are equipped with water flow and tamper switches, which areelectrically connected to the building fire alarm system. 19.3.5</p> <p>Whatcorrective action(s) will be accomplished for those Residents found to havebeen affected by the deficient practice?</p> <p>1.No Resident was affected bythe deficient practice How otherResidents having the</p>	10/22/2015

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K 0062	interior wood construction which connects to the building and extends six feet in width and lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the lack of sprinkler protection by the aforementioned exit overhangs and stated it was constructed of aluminum and wood. 3.1-19(b) NFPA 101		<i>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</i> 1.All Residents have the potential to be affected by the deficient practice 2.No other Residents were affected by the deficient practice <i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</i> 1.Elwood Fire Equipment Company was contacted on 09-22-2015 and ordered items needed to sprinker the canopies that were identified as un-sprinkled. 2.Elwood Fire Equipment Company has scheduled installation of same once items have been received, sprinkler pipes, heads, etc. are scheduled to be installed on or around 10-19-2015 <i>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</i> 1.A facility wide inspection was completed on 09-23-2015 by the Maintenance Supervisor and identified no other areas that are un-sprinkled. <i>By what date the systemic changes will be completed 10/22/2015</i>		

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SS=F Bldg. 01	<p>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>1. Based on observation, record review and interview; the facility failed to ensure 1 of 3 pressure gauges for the sprinkler system in the Riser room were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents in the facility as well as staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 09/22/15 at 2:38 p.m. with the Maintenance Supervisor, one sprinkler pressure gauges located in the sprinkler riser room behind the employee lounge on southwest hall had a manufacturer's date of 1998. Based on Sprinkler Inspection Records review on 09/22/15 at 3:35 p.m. with the Maintenance Supervisor, documentation did not reveal the sprinkler system gauge had been calibrated or replaced since the</p>	K 0062	<p>K062NFPA 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, NPFA 13, NFPA 25, 9.7.5</p> <p><i>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice?</i></p> <p>1.No Resident was affected by the deficient practice</p> <p><i>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?</i></p> <p>1.All Residents have the potential to be affected by the deficient practice</p>	10/22/2015
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	<p>date listed on the pressure gauge. Based on interview on concurrent with the observation it was acknowledged by the Maintenance Supervisor the pressure gauge had exceeded the five year requirement for recalibration or replacement.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 dry automatic sprinkler piping systems was inspected every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.1. This deficient practice affects all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on review of Sprinkler system test reports on 09/22/15 at 4:02 p.m. with the Maintenance Supervisor it was noted an internal inspection of the sprinkler system pipes had not been done. Based on interview concurrent with record review with the Maintenance Supervisor no documentation could be obtained to verify an internal sprinkler pipe inspection had been done in the last five years.</p>		<p>2.No other Residents wereaffected by the deficient practice <i>What measureswill be put into place or what systemic changes will be made to ensure that thedeficient practice does not recur.</i></p> <p>1.Elwood Fire EquipmentCompany was contacted on 09-22-2015 and ordered a replacement gauge for thegauge identified needing replaced</p> <p>2.Elwood Fire EquipmentCompany was contacted on 09-22-2015 and scheduled an internal sprinkler pipeinspection to be completed on 10-19-2015</p> <p><i>How thecorrective action(s) will be monitored to ensure the deficient practice willnot recur, i.e., what quality assurance program will be put into place and</i></p> <p>1.The Maintenance Supervisorwas educated on having an internal sprinkler pipe inspection on 09-23-2015 bythe Administrator</p>				

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	3.1-19(b)		<p>2.The Maintenance Supervisoror designee will make note of the internal inspection and re-schedule theinspection to be completed every 5 years in accordance with NFPA 25</p> <p>3.The Maintenance Supervisoror designee will submit to the Quality Assurance Committee annually theinternal inspection results in addition to submitting reports from Elwood FireEquipment Company of the changing of gauges in accordance with NFPA 25, 2-3.2</p> <p>4.If any gauge found to havenot been changed in accordance with NFPA 25, 2-3.2 fire equipment company willbe contacted immediately for replacement</p> <p>By what datethe systemic changes will be completed 10/22/2015</p>	