

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155688	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/09/2016
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NAME OF PROVIDER OR SUPPLIER  FREELANDVILLE COMMUNITY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 310 W CARLISLE ST, PO BOX 288 FREELANDVILLE, IN 47535
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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: 03/09/16</p> <p>Facility Number: 000355 Provider Number: 155688 AIM Number: 100273640</p> <p>At this Life Safety Code survey, Freelandville Community Home was found in substantial 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 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The</p>	K 0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective April 8, 2016 to the Life Safety Code Recertification Survey conducted on March 9, 2016.	
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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 0038 SS=B Bldg. 01	<p>facility has a capacity of 50 and had a census of 29 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except, a detached garage and one detached wood shed, both used for facility storage.</p> <p>Quality Review completed on 03/10/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure a handrail was provided for 1 of 2 exits with ramps. LSC 19.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect more than 10 residents, as well as staff and visitors while exiting through the southwest exit door of the Dining Room.</p>	K 0038	<p><b>K038 It is the practice of this facility to assure that all exit ramps meet regulatory compliance. The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. Handrails have been installed on the southwest exit <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the</b></p>	04/08/2016

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	<p>Findings include:</p> <p>Based on observation on 03/09/16 at 11:05 a.m. during a tour of the facility with the Maintenance Supervisor, the southwest exit from the Dining Room had a six foot ramp which had a grade change of over eight inches from top to bottom. There was no handrail on either side of the ramp.</p> <p>This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		<p><b>deficient practice does not recur include:</b> The maintenance staff is responsible for assuring that exit ramps meet regulatory guidelines. All ramps were reviewed and with the installation of the hand rails on the southwest exit all ramps are now in compliance. Please see below for means of monitoring. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The Maintenance Director is responsible for assuring exit ramps meet regulatory guidelines. Any identified issues will be immediately addressed. The Administrator, or designee, will review the installation of the side rails on the exit ramp for compliance with recommendations as needed. <b>The date the systemic changes will be completed:</b> April 8, 2016</p>		
K 0144 SS=C Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer</p>	K 0144	<p><b>K144 It is the practice of this facility to assure that the generator is checked in accordance with the regulatory guidelines. The corrective actions taken for the deficient practice include:</b> The generator</p>	04/08/2016	

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	<p>time for the generator was being recorded after each load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Monthly Generator Inspection log on 03/09/16 at 10:30 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested weekly for over 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, furthermore, there was no documentation that showed the generator transfer time being recorded following its load test. During an</p>		<p>is now being checked with documentation on cool down times as well as transfer times. <b>Actions to assure no other examples of deficiency exist:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The maintenance director is responsible for assuring that the generator is tested appropriately including cool down times and transfer times. The preventive maintenance form has been amended to include both of these elements. Please see below for systems for monitoring. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The Maintenance Director, or designee, will be responsible for assuring that the generator is tested appropriately including cool down times and transfer times. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance as part of the QA process. <b>The date the systemic changes will be completed:</b> April 8, 2016</p>				

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K 0000  Bldg. 02	<p>interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation of a cool down time being recorded or the generator transfer time being recorded.</p> <p>3.1-19(b)</p> <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: 03/09/16</p> <p>Facility Number: 000355 Provider Number: 155688 AIM Number: 100273640</p> <p>At this Life Safety Code survey, Freelandville Community Home was found in substantial 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 2008 addition consisted of the</p>			K 0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective April 8, 2016 to the Life Safety Code Recertification Survey conducted on March 9, 2016.</p>		

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K 0144 SS=C Bldg. 02	<p>Ambulance Bay which was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story addition was determined to be of Type V (111) construction and was fully sprinklered. This addition is connected to the facility's fire alarm system with smoke detectors in the Ambulance Bay. The facility has a capacity of 50 and had a census of 29 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except, a detached garage and one detached wood shed, both used for facility storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generator was being recorded after each load test. LSC 19.2.9.1 refers</p>	K 0144	<p><b>K144 It is the practice of this facility to assure that the generator is checked in accordance with the regulatory guidelines. The corrective actions taken for the deficient practice include:</b> The generator is now being checked with documentation on cool down times as well as transfer times.</p>	04/08/2016

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	<p>to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect residents, as well as staff and visitors while in the Ambulance Bay portion of the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Monthly Generator Inspection log on 03/09/16 at 10:30 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested weekly for over 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, furthermore, there was no documentation that showed the generator transfer time being recorded following its load test. During an interview at the time of record review,</p>		<p><b>Actions to assure no other examples of deficiency exist:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The maintenance director is responsible for assuring that the generator is tested appropriately including cool down times and transfer times. The preventive maintenance form has been amended to include both of these elements. Please see below for systems for monitoring. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The Maintenance Director, or designee, will be responsible for assuring that the generator is tested appropriately including cool down times and transfer times. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance as part of the QA process. <b>The date the systemic changes will be completed:</b> April 8, 2016</p>				

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	the Maintenance Supervisor confirmed the monthly generator log did not include documentation of a cool down time being recorded or the generator transfer time being recorded.  3.1-19(b)				