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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155718 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 04/05/2016 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY NORTHVIEW CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1235 W CROSS ST ANDERSON, IN 46011 |
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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: 04/05/16</p> <p>Facility Number: 000562 Provider Number: 155718 AIM Number: 100267150</p> <p>At this Life Safety Code survey, Community Northview Care Center 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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 101 and had a census of</p> | K 0000 | This Plan of Correction constitutes the written allegation of compliance for deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request paper review. | |

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 0025 SS=F Bldg. 01 | <p>68 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has two detached storage buildings which were not sprinkled.</p> <p>Quality Review completed on 04/11/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observations and interview, the facility failed to ensure the smoke barriers in 1 of 1 ceiling smoke barrier was constructed to provide at least a one half hour fire resistance rating. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on observations with the plant operations supervisor on 04/05/16 during a tour of the facility from 9:25 a.m. to</p> | K 0025 | <p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: No residents was affected HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents have the potential to be affected The Maintenance Director has replaced the 3/4 inch think particle board with 5/8 inch</p> | 05/05/2016 | | | |

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| K 0062 SS=E Bldg. 01 | <p>12:10 p.m., the 100 Hall, the 200 Hall and the 300 Hall corridors had six, two foot by two foot attic access panels in the ceiling constructed of three quarter inch thick particle board material. Based on an interview with the plant operations supervisor at the time of observations it was indicated the particle board attic access panels are not a fire rated material. This was verified by the plant operations supervisor at the time of interview and acknowledged at the exit conference on 04/05/16 at 12:10 p.m.</p> <p>3.1-19(b)</p> <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 replace 8 of over 300 sprinklers in the facility loaded and covered in corrosion. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for</p> | K 0062 | <p>drywall which is fire rated. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The drywall will remain and in the event there should have to be a change, it will be replaced with fire rated dry wall Auditing of the dry wall will be completed by the Maintenance Director during his Preventative Maintenance rounds monthly. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: The results of the auditing will be discussed during the monthly QA committee meetings This will continue indefinitely</p> <p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: No residents were affected HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME</p> | 05/05/2016 |

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| K 0067 SS=F Bldg. 01 | <p>the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 62 residents who use the main dining room, located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observations on 04/05/16 during a tour of the facility from 9:25 a.m. to 12:10 p.m. with the plant operations supervisor, the kitchen had seven sprinklers throughout the kitchen covered in black grease and the therapy room had one sprinkler covered in white corrosion.</p> <p>This was verified by the plant operations supervisor at the time of observations and acknowledged at the exit conference on 04/05/16 at 12:10 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the</p> | | <p>DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents have the potential to be affected Elwood Fire and Equipment has been contracted to replace the sprinkler heads the week of April 22, 2016. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: Auditing of the sprinkler heads will be completed by the Maintenance Director monthly during his regular preventative maintenance checks The sprinkler heads will be replaced as needed.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: The Maintenance Director will discuss his findings of the audit of the sprinkler heads during the monthly QA meeting This preventative maintenance will continue indefinitely to assure that all sprinkler heads are replaced as needed</p> | |

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| | <p>manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on record review and interview, the facility failed to ensure 8 of 8 fire dampers were provided with the necessary four year maintenance conducted in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed, all dampers shall be operated to verify they fully close, the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review on 04/05/16 at 9:25 a.m. with the plant operations supervisor, the facility had a list of eight fire dampers located in the 100 Hall and 200 Hall corridors. Furthermore, there was no records available for review to indicate four year maintenance was conducted on the eight fire dampers.</p> | K 0067 | <p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: No residents was affected HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents have the potential to be affected Elwood Fire and Equipment has been contacted and will provide the maintenance checks on the 8 fire dampers to assure they are in good operating condition during the week of 4/22/16. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The Maintenance Director will document the inspection and assure that the fire dampers are inspected every four years as required. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: The Maintenance Director will discuss this process during the monthly QA committee meetings and monitor to assure</p> | 05/05/2016 |

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| | Based on an interview with the plant operations supervisor on 04/05/16 at 9:30 a.m., it was stated the facility is in the process of hiring a contractor to inspect the eight fire dampers in the facility. The lack of a current four year inspection and maintenance on the eight fire dampers located on the 100 Hall and 200 Hall was verified by the plant operations supervisor at the time of record review and interview and acknowledged at the exit conference on 04/05/16 at 12:10 p.m. 3.1-19(b) | | we continue to have the fire dampers inspected This will continue indefinitely | | |