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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155546 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/10/2012 |
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| NAME OF PROVIDER OR SUPPLIER BETHEL POINTE HEALTH AND REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 3400 W COMMUNITY DR MUNCIE, IN 47304 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
| K0000 | <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/10/12</p> <p>Facility Number: 000565 Provider Number: 155546 AIM Number: 100267630</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru Survey, Bethel Pointe Health and Rehab was found not in compliance with Requirements for Participation in Medicare, 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection including the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. 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>facility has a capacity of 101 and had a census of 61 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility did not include sprinkler head coverage for the ten foot wide canopy outside of the Rehabilitation hall east.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | |

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| K0056 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler 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 observation and interview, the facility failed to ensure 1 of 2 outside canopies were provided with automatic sprinklers to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 12 residents as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 07/10/12 during the tour between 3:00 p.m. to 3:35 p.m. with the Maintenance Supervisor, the canopy outside the rehabilitation hall east was not provided with sprinkler head coverage. The outside canopy extended ten from the the building and was constructed of aluminum supports and a vinyl covering for the roof. Based on interview on 07/10/12 concurrent with the observation with the Maintenance</p> | K0056 | <p>1. Sprinkler heads will be added to the canopy outside of the rehabilitation hall east. 2. All residents have the potential to be affected by the alleged deficient practice. 3. Quarterly sprinkler system checks will be conducted by the facility vendor, specializing in sprinkler system checks. Weekly sprinkler checks will be conducted by the facility Maintenance Director. 4. The corrective action will be monitored weekly by the facility Maintenance Director and quarterly upon inspection by the facility vendor. 5. Completion Date - August 9, 2012.</p> | 08/09/2012 | | | |

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| | <p>Supervisor, it was acknowledged there were no sprinkler heads present for the canopy outside rehabilitation hall east to provide complete sprinkler coverage for the facility.</p> <p>3.1-19(b) 3.1-19(ff)</p> | | | |