

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155614	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/10/2015
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NAME OF PROVIDER OR SUPPLIER  LINCOLN HILLS OF NEW ALBANY	STREET ADDRESS, CITY, STATE, ZIP CODE 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150
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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: 12/10/15</p> <p>Facility Number: 000321 Provider Number: 155614 AIM Number: 100286130</p> <p>At this Life Safety Code survey, Lincoln Hills of New Albany 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 Type II (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 152 and had a census of 132 at the time of this survey.</p>	K 0000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, the response and plan of correction constitutes Lincoln Hills Health Center's allegation of compliance in accordance with Section 7305 in the State Operations Manual.	

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=E Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a detached wooden storage garage and a wooden storage shed which were not sprinkled.</p> <p>Quality Review completed on 12/14/15 by Lex Brashear, LSC Specialist</p> <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 attic smoke barriers and 1 of 1 ceiling smoke barrier were maintained to provide a one half hour fire resistance rating. This deficient practice could affect 18 residents who reside on the A Hall, 21 residents who reside on the B Hall, 18 residents who reside on the C Hall, 15 residents who reside on the D Hall, 22 residents who reside on the E Hall, and 26 residents who reside on the H Hall.</p>	K 0025	In compliance with NFPA 101 Life Safety Code Standard, 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4, smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. The orange expandable foam in the ceiling of the kitchen electric room has been replaced with a fire rated material. The drywall holes have been repaired using fire rated material in all resident rooms noted. The smoke barrier wall in the East Hall attic has	01/06/2016

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	<p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 12/10/15 during a tour of the facility from 8:40 a.m. to 12:50 p.m., the following ceiling and attic smoke barriers were not fire stopped, had missing drywall, or were fire stopped with a non rated fire stopping material;</p> <p>a. The kitchen electric room had five ceiling penetrations fire stopped with an orange expandable foam. Based on an interview with the maintenance supervisor at the time of observation, the maintenance supervisor indicated there was no documentation available for review the expandable foam was a fire rated material.</p> <p>b. Resident rooms A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-8, A-9, A-10, A-11, A-12, A-13, A-14, B-3, B-4, B-5, B-6, B-7, B-8, B-9, B-10, B-11, B-12, B-13, B-14, B-15, B-16, C-1, C-2, C-3, C-4, C-5, C-6, C-7, C-8, C-9, C-10, C-11, C-12, D-3, D-4, D-5, D-6, D-7, D-8, D-9, D-10, E-2, E-3, E-4, E-5, E-6, E-7, E-8, E-9, E-10, E-11, E-12, E-13, E-14, E-15, E-16, H-2, H-3, H-4, H-5, H-6, H-7, H-8, H-9, H-10, H-11, H-12, H-13, and H-14 each had two, one half circular areas of drywall missing in the closet.</p> <p>Based on an interview with the</p>		<p>been firestopped with a fire rated material. All smoke barriers walls and ceilings throughout the facility have been checked to ensure that there are no penetrations noted with additional repairs completed with fire rated material as necessary. The Maintenance Director will ensure that all smoke barriers are fire stopped with a fire rated material after completion of any work that involves penetration of a smoke barrier. The Maintenance Director will complete a monthly audit of all smoke barrier walls and ceilings throughout the facility to ensure that there are no penetrations noted with repairs completed with a fire rated material as necessary. Results of these audits will be reported to the QualityAssessment and Assurance Committee on a quarterly basis. Administrator to monitor.</p>	

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K 0062 SS=B Bldg. 01	<p>maintenance supervisor on 12/10/15 at 9:20 a.m., the facility ran new cable television wiring in all resident rooms over the past year and extra drywall holes were drilled and have not been repaired.</p> <p>c. The East Hall attic smoke barrier wall above the drop ceiling had a three inch electrical conduit penetration open on both sides of the smoke barrier wall which was not fire stopped.</p> <p>The kitchen electric room ceiling fire stopped with non rated expandable foam, the A Hall, B Hall, C Hall, D Hall, E Hall and H Hall circular areas of drywall missing, and the East Hall attic smoke barrier open electrical conduit not fire stopped were verified by the maintenance supervisor at the time of observations and acknowledged by the administrator in training and maintenance supervisor at the exit conference on 12/10/15 at 12:55 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 ensure 3 of over 300 sprinklers covered in corrosion were</p>	K 0062	In accordance with NFPA 101 Life Safety Code Standard, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 all required automatic sprinkler	01/06/2016

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K 0147 SS=E Bldg. 01	<p>replaced. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for 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 affects laundry staff who work in the laundry room in the Service Hall.</p> <p>Findings include:</p> <p>Based on observation on 12/10/15 at 10:15 a.m. with the maintenance supervisor, the laundry room sprinkler in front of the wash machines and the two sprinklers in the dryer lint clean out room were completely covered in green corrosion. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator in training and maintenance supervisor at the exit conference on 12/10/15 at 12:55 p.m.</p> <p>3.1-19(b)</p> <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>systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The sprinkler head in the laundry room in front of the wash machines and the two sprinklers in the dryer lint clean out room have been replaced. All sprinkler heads have been checked to ensure that there are no sprinkler heads with green corrosion noted. The Maintenance Staff will check all sprinkler heads throughout the facility weekly x 4 weeks and then monthly. Any inconsistencies will be corrected immediately. Results of these will be reported to the Quality Assessment and Assurance Committee on a quarterly basis. Administrator to monitor.</p>		

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	<p>Based on observation and interview, the facility failed to ensure 48 of 76 wet location resident care areas were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect 21 residents who reside on the A Hall, 21 residents who reside on the B Hall, 18 residents who reside on the C Hall, the West Hall staff, the East Hall staff and the H Hall staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 12/10/15 during a tour of the facility from 8:40 a.m. to 12:50 p.m., the following wet locations had hand wash sinks with</p>	K 0147	<p>In accordance with NFPA 101 Life Safety Code Standard and NFPA 70, National Electrical Code, 9.1.2, resident care areas are provided with ground fault circuit interrupter protection against electric shock. The electric outlets in resident rooms A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-8, A-9, A-10, A-11, A-12, A-13, A-14, A-15, and A-16 have been replaced with GFCI outlets. The electric outlets in resident rooms B-3, B-4, B-5, B-6, B-7, B-8, B-9, B-10, B-11, B-12, B-13, B-14, B-15 and B-16 have been replaced with GFCI outlets. In addition the electric outlets above the light fixtures in each of these rooms has been disabled. The electric outlets in resident rooms C-1, C-2, C-3, C-4, C-5, C-6, C-7, C-8, C-9, C-10, C-11 and C-12 have been replaced with GFCI outlets. The electric outlet in the West Hall clean utility room has been replaced with a GFCI outlet. The electric outlet in the West Hall activity room has been replaced with a GFCI outlet. The electric outlet in the East Hall nurse's station pantry has been replaced with a GFCI outlet. The electric outlet in the East Hall employee bathroom has been replaced with a GFCI outlet. The electric outlet in the H Hall nurses station has been replaced with a GFCI outlet. The electric outlet in the H Hall nurse's station public restroom has been replaced with a GFCI</p>	01/06/2016

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	<p>electric receptacles within two feet:</p> <p>a. The A Hall, resident rooms A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-8, A-9, A-10, A-11, A-12, A-13, A-14, A-15 and A-16 each had one electric outlet on the wall two feet from the bathroom hand wash sink with no ground fault circuit interrupter on the electric outlets.</p> <p>b. The B Hall, resident rooms B-3, B-4, B-5, B-6, B-7, B-8, B-9, B-10, B-11, B-12, B-13, B-14, B-15 and B-16 each had an electric outlet on the wall within two feet from the bathroom handwash sink and an electric outlet in the light fixture two feet above the bathroom hand wash sink with no ground fault circuit interrupter on the electric outlets.</p> <p>c. a. The C Hall, resident rooms C-1, C-2, C-3, C-4, C-5, C-6, C-7, C-8, C-9, C-10, C-11 and C-12 each had one electric outlet on the wall two feet from the bathroom hand wash sink with no ground fault circuit interrupter on the electric outlets.</p> <p>d. The West Hall clean utility room had one outlet within two feet of the utility wash tub with no ground fault circuit interrupter on the electric outlet.</p> <p>e. The West Hall activity room had one electric outlet within two feet of the handwash sink with no ground fault circuit interrupter on the electric outlet.</p> <p>f. The East Hall nurses' station pantry had one electric outlet within two feet of</p>		<p>outlet. All electric outlets in wet location resident care areas have been checked to ensure that they are equipped with a GFCI outlet with repairs completed as necessary. The Maintenance Staff have been inserviced regarding replacement of electric outlets in wet location resident care areas. Administrator to monitor.</p>	

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	<p>the handwash sink with no ground fault circuit interrupter on the electric outlet.</p> <p>g. The East Hall employee bathroom had one electric outlet within two feet of the handwash sink with no ground fault circuit interrupter on the electric outlet.</p> <p>h. The H Hall nurses' station had one electric outlet within two feet of the handwash sink with no ground fault circuit interrupter on the electric outlet.</p> <p>i. The H Hall nurses' station public restroom had one electric outlet within two feet of the handwash sink with no ground fault circuit interrupter on the electric outlet.</p> <p>Based on observation of the main electrical breaker panels throughout the facility with the maintenance supervisor at the time of observations, the circuit breakers for the A Hall, B Hall, C Hall, West Hall, East Hall and H Hall were not provided with GFCI protection. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator in training and maintenance supervisor at the exit conference on 12/10/15 at 12:55 p.m.</p> <p>3.1-19(b)</p>				