

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/07/2012
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NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 11/07/12</p> <p>Facility Number: 000558 Provider Number: 155523 AIM Number: 100267550</p> <p>Surveyor: Dennis Austill, Life Safety Code Survey Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Richland Bean Blossom Health Care Center was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered except for where noted in K-9999. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Thirty two resident rooms were provided with battery operated smoke detectors and eight resident rooms were provided with hardwired smoke detectors that provided a visual and audible signal at the nurses station. The facility has a capacity of 79 and had a census of 72 at the time of this visit.</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>The facility was found not in compliance with state law in regard to sprinkler coverage and and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered, except the 400 wing shower stall. All areas providing facility services were sprinklered, with the exception of four detached exterior buildings and where noted in K-9999. One building was a pole barn of wood frame construction with aluminum siding/roof, one metal shed and two wood frame sheds all used for general storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/08/12.</p>				

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(a) The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to maintain a resident room smoke detector preventive maintenance program in 8 of 40 resident rooms. This deficient practice could affect 16 residents in the facility.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Supervisor on 11/07/12 between 10:30 a.m. to 12:15 p.m., the eight resident rooms on the 400 wing were each provided with a hard wired smoke detector which when activated, provided a audible and visual signal at the nurses' station. Additionally, based on observation, each hard wired smoke detector had a listed sensitivity range. The eight smoke detectors had a</p>	K9999	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by Richland Bean Blossom Health Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>Please accept this plan of correction as our credible allegation of compliance with all regulatory requirements.</p> <p>K 9999</p> <p>The facility is designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.</p> <p>3.1-19 (a)</p> <p>The facility is replacing the 8 mentioned hard wired smoke detectors on the 400 Hall with new battery operated smoke detectors in which will be properly installed per state regulation thus satisfying the Ind. Code 16-28-11-5 for the facility.</p> <p>No other smoke detectors were found to</p>	12/06/2012			

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	<p>manufacturer's date of 5/1993. Based on interview at the time of observation, the Maintenance Supervisor indicated sensitivity testing of the eight resident room hard wired smoke detectors has not been conducted but the smoke detectors were function tested monthly.</p> <p>3.1-19(a)</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler coverage throughout the facility before July 1, 2012. This deficient practice could affect any occupant using the employee entrance.</p>		<p>be affected by the survey results thus removing the potential for others to be affected.</p> <p>Preventive Maintenance Life Safety rounds will continue to include observation of proper functioning and placement of smoke detectors in the facility to ensure notification of a fire.</p> <p>Monitoring will be preformed on a monthly basis and documented on the Monthly Maintenance Checks rounding form and the results reported to the Administrator and the Quality Assurance Committee.</p> <p>Plan of Correction date: 11-23-12</p> <p>3.1-19 (ff)</p> <p>The facility does provide an automatic sprinkler system thru out the facility, and will provide sprinkler coverage to structures attached to the facility to include any awning exceeding 4 feet in width.</p> <p>Sprinkler Systems will be installed to the 200 wing ambulance entrance, the 400 wing Cardiac care entrance, the exterior oxygen storage room and the shower stall in the 400 hall shower room by 12/6/12 thus satisfying Ind. Code 3.1-19 16-28</p> <p>All other areas of the facility were properly sprinkler thus no further areas were affected.</p> <p>Prevenative Maintenance Life Safety rounds will continue to include proper installation and functioning of the facilities' automatic sprinkler system to assure notification of a fire.</p> <p>Monitoring will be preformed and documneted on the Monthly Maintenance Checks rounding form and the results reported to the Administrator and the Quality Assurance Committee.</p>				

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	<p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 11/07/12 between 10:30 a.m. to 12:15 p.m., the following was noted:</p> <p>a. The 200 wing Ambulance and 400 wing Cardiac Care entrances were covered with fabric awnings exceeding four feet in width that were attached to the building and lacked sprinkler coverage. Based on interview during the time of observation, the Maintenance Supervisor acknowledged the facility lacked documentation indicating the fabric material was inherently flame retardant.</p> <p>b. The oxygen storage room lacked sprinkler coverage. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the oxygen room lacked a sprinkler head in the room.</p> <p>c. The shower stall in the 400 wing shower room lacked sprinkler coverage. Two sprinkler heads were provided in the room but were located on either side of the show stall and did not provide coverage of the shower stall itself. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the 400 wing shower room had two sprinkler heads in the room but due to the sprinkler head locations, the</p>		Plan of Correction date: 12/6/12	
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	shower stall would not be provided sprinkler coverage. 3.1-19(ff)				