STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155727	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER STONEBRIDGE HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHAWNEE DR S BEDFORD, IN 47421	

(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
K010000	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). Survey Date: 09/11/13 Facility Number: 003924 Provider Number: 155727 AIM Number: 200472040 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Stonebridge Health Campus 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), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was 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.	K010000	The submission of this plan of correctiom does not indicate an admission by StoneBridge Health Campus that the findings and allegations contained herin are an accurate and true representation of the quality of care provided to our residents of StoneBridge Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility herby maintains it is in substantial compliamce with the requirements of participation for comprehensive health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance of this facility. It is thus submitted as a matter of statue only. We respectfully request from the Department paper compliance. All corrections have been submitted to this POC as attachments.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	The facility has a capacity of 68 and had a census of 50 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/28/13. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K010144 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on review of the facility's generator	K010144	All residents, staff and visitors to the facility suffered no ill effects from the alleged dificient practice. Weyer Electrick, INC has been contracted for the facility to rout additional electrical circuits to the Emergency Generator Power. The Director of Plant Ops will then test and log monthly the generator load to assure the the facility generator runs at or above the required 30% minimum load for a period of not less that 30 minutes. Results will be forwarded to the QA Committe monthly x 6 months and quarterly there after to assure load is not less that 30 % of the EPS for a minimum load time of 30 minutes.Completion Date 12/23/2013	12/23/2013

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	log in the Trilogy Plant Operations Manual on 09/11/13 at 11:00 a.m. with the Director of Plant Operations present, the generator log form documented the generator was tested weekly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months. During an interview at the time of record review, the Director of Plant Operations confirmed the weekly generator log during the past twelve months did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes. Furthermore, when asked what percentage of the generator rating the load test was at, the Director of Plant Operations stated it was between 20 and 25 percent. 3.1-19(b)			