

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/19/2015
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NAME OF PROVIDER OR SUPPLIER  FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
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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: 05/19/15</p> <p>Facility Number: 001127 Provider Number: 155771 AIM Number: 200247220</p> <p>At this Life Safety Code Survey, Franklin United Methodist Community Res &amp; Com Care 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>The Franklin United Methodist Community consists of four separate but connected buildings constructed at four different times: Building 1 an NCC facility built in 1957, is a three story sprinklered building of Type I (332) construction with a basement; Building 2 built in 1980 is a three story sprinklered</p>	K 0000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that the deficiencies cited have been corrected by the date certain.	
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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	<p>building of Type I (332) construction with a basement; Building 3 built in 1992 is a one story sprinklered building of Type I (332) construction with a basement; and Building 4 built in 2000 is a three story sprinklered building of Type I (332) construction. Because all buildings are of the same type of construction, the facility was surveyed as one building. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. In Building 2, 47 battery operated detectors were provided in resident rooms in Health Center 2 and Health Center 3. All other resident rooms in Building 2 are provided with hard wired smoke detectors. In Building 3 and Building 4, hard wired smoke detectors are installed in all resident rooms. The healthcare portion of the facility has a capacity of 208 and had a census of 163 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the Building 2 elevator machine room identified as Room 2242 servicing elevators 2A and 2B.</p>			

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SS=E Bldg. 01	<p><b>LIFE SAFETY CODE STANDARD</b> 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 4 ceiling smoke barriers in Building 2 was protected to maintain the smoke resistance of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 12 residents, staff and visitors in the vicinity of the elevator machine room identified as Room 2242 in Building 2.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Maintenance</p>	K 0025	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b> All smoke barrier areas in Building 2; one (1) of four (4) ceilings of concern have been properly filled with Fire Stop Putty 1000 (FSP 1000). All areas requiring contractors to cut through walls will be inspected and monitored during and after completion of work. The maintenance department will repair and or fill any holes with FSP 1000. Maintenance will review contractor work areas and repair any openings left by contractors and report to our quarterly Quality Assurance Committee any non-compliance issues.</p> <p>A. Life Safety inspectors</p>	06/18/2015	

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	<p>Manager during a tour of the facility from 11:10 a.m. to 12:00 p.m. on 05/19/15, the following openings were noted in the ceiling smoke barrier of the elevator machine room identified as Room 2242 in Building 2:</p> <p>A. a four inch by one inch hole adjoining a three in diameter electrical conduit which penetrated the ceiling.</p> <p>B. a one inch in diameter hole adjoining a three inch in diameter electrical conduit which penetrated the ceiling.</p> <p>C. a one inch in diameter hole above the elevator equipment machine near the center of the room.</p> <p>Based on interview at the time of the observations, the Maintenance Manager acknowledged the aforementioned openings in the ceiling of the elevator machine room identified as Room 2242 in Building 2 failed to maintain the smoke resistance of the ceiling smoke barrier.</p> <p>3.1-19(b)</p>		<p>discovered a four inch (4") by one inch (1") hole adjoining a three inch diameter electrical conduit which penetrated the ceiling. The hole described has been filled with FSP 1000.</p> <p>B. Life Safety inspectors discovered A one inch (1") in diameter hole adjoining a three inch (3") in diameter electrical conduit which penetrated the ceiling. The hole described has been filled with FSP 1000.</p> <p>c. Life Safety inspectors discovered a one inch (1") in diameter hole above the elevator equipment machine near the center of the room. Based on interview at the time of observations, the maintenance manager acknowledged the aforementioned openings in the ceiling of the elevator machine Room 2242 in Building 2 failed to maintain the smoke resistance of the ceiling smoke barrier. The hole described has been filled with FSP 1000.</p>		

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K 0029 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure corridor doors to 2 of 20 hazardous areas such as soiled linen rooms and trash collection rooms were provided with self closing devices. This deficient practice could affect 34 residents, staff and visitors in Building 3.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Maintenance Manager during a tour of the facility from 11:10 a.m. to 12:00 p.m. and from 12:45 p.m. to 3:25 p.m. on 05/19/15, the set of double doors serving as the corridor entry doors to the soiled linen and trash collection room by Room 6 and by Room 28 in the Special Care Unit in Building 3 were each not equipped with a self closing device. The soiled linen room by Room 6 contained three 32 gallon carts</p>	K 0029	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Two (2) of twenty (20) doors which contain hazardous areas such as the soiled linen room and the trash collection room have been equipped with automatic closures.</p> <p>The doors were identified in the findings as hazardous areas, such as the soiled linen room and the set of double doors serving as the corridor entry doors to the soiled linen and trash collection room by Room 6 and by Room 28. All residents who could have potentially been affected are within the</p>	06/18/2015			

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K 0050 SS=C Bldg. 01	<p>with soiled linen and two 32 gallon trash carts. The soiled linen room by Room 28 contained one 32 gallon soiled linen cart and two 32 gallon trash carts. Based on interview at the time of the observations, the Maintenance Manager acknowledged the corridor doors to the aforementioned soiled linen and trash collection rooms were not equipped with self closing devices.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to document activation of the fire alarm system for second shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 2 of 4 quarters. LSC 19.7.1.2 states fire drills in health care</p>	K 0050	<p>same area and were exposed to the same hazard. These rooms are located in the Special Care Unit in Building 3. Self-closing devices have been installed and operational with individual closures. During routine fire drills all self-closing doors will be checked and monitored for operation of self-closure. This will be reported to our quarterly Quality Assurance Committee for any further recommendations.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire alarms will be activated during the hours of 9:00 p.m. (21:00 hours) and 6:00 a.m. (0600</p>	06/18/2015

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	<p>occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills" and "Overall Review of Quarterly Fire Drill" with the Administrator, Maintenance Manager and Building Services Secretary during record review from 9:15 a.m. to 11:10 a.m. on 05/19/15, documentation for the second shift fire drill conducted on 08/20/14 at 8:30 p.m. and the second shift fire drill conducted on 02/12/15 at 8:30 p.m. each did not include activation of the fire alarm system and transmission of the fire alarm signal. Based on interview at the time of record review, the Maintenance Manager and Building Services Secretary stated no additional fire drill documentation was available for review, the aforementioned fire drills were conducted as a silent drill and acknowledged documentation for the aforementioned second shift fire drills</p>		<p>hours). A coded announcement will be used and a monitoring tool that is already in place will continue to be used. Activation of the fire alarm system and transmission of the fire alarm signal will be implemented and documented. Monitoring of the fire alarms is done by Stanley Convergent Security Solutions. The monitoring company will provide documentation for our records to insure compliance. The maintenance department will monitor on a monthly basis to comply with our quarterly Quality Assurance Committee. ADDCO does an annual inspection of the fire alarm system.</p>	

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K 0056 SS=E Bldg. 01	<p>did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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 provide automatic extinguishing protection for 1 of 3 elevator machine rooms. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected</p>	K 0056	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The attached proposal from Koorsen fire and security will be installed within ninety (90) days. This will bring the facility back into compliance for K-tag 056.</p>	06/18/2015

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	<p>elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. NFPA 101, Section 9.7.3.1 states in any occupancy where the character of the potential fuel for fire is such that extinguishment or control of fire is effectively accomplished by a type of automatic extinguishing system other than an automatic sprinkler system, such as water mist, carbon dioxide, dry chemical, foam, Halon 1301, water spray, or a standard extinguishing system of another type, that system shall be permitted to be installed in lieu of an automatic sprinkler system. Such systems shall be installed, inspected and maintained in accordance with appropriate NFPA standards. Section 9.7.3.2 states, if the extinguishing system is installed in lieu of a required, supervised automatic sprinkler system, the activation of the extinguishing system shall activate the building fire alarm system. This deficient practice could affect 12 residents, staff and visitors in the vicinity of the elevator machine room identified as Room 2242 in Building 2.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and the Maintenance Manager during a tour of the facility from</p>			
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K 0147 SS=E Bldg. 01	<p>11:10 a.m. to 12:00 p.m. and from 12:45 p.m. to 3:25 p.m., the elevator equipment room identified as Room 2242 in Building 2 was not provided with automatic extinguishing protection. Based on interview at the time of observation, the Maintenance Manager acknowledged the aforementioned elevator equipment room was not provided with automatic extinguishing protection.</p> <p>3.1-19(b) 3.1-19(ff)</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>Based on observation and interview, the facility failed to ensure 3 of 3 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.6 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all</p>	K 0147	NFPA 101 LIFE SAFETY CODE STANDARD All items have been removed and a weekly check for one (1) month and monthly random checks throughout the building thereafter will be instituted to assure no reoccurrence of the substitution of wall outlets occur. Building Services will monitor for power outlets, microwaves and refrigerators that are not plugged into the wall. Additionally, Building Services will monitor for	06/18/2015

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	<p>applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 1999 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 7-5.2.2.1 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect 12 residents, staff and visitors in Building 2 in the vicinity Room 2222.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Maintenance Manager during a tour of the facility from 11:10 a.m. to 12:00 p.m. and from 12:45 p.m. to 3:25 p.m. on 05/19/15, the following was noted in Building 2:</p> <p>a. a refrigerator and a microwave oven were plugged into a power strip in the Beauty Shop near Room 2223.</p>		<p>power strips plugged directly into a second power strip which is then plugged into the wall outlet. This will be reviewed in our quarterly Quality Assurance meetings.</p>				

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	<p>b. a table lamp was plugged into a power strip which was plugged into a second power strip within five feet of the resident bed in Room 2222.</p> <p>Based on interview at the time of the observations, the Maintenance Manager acknowledged extension cords and power strips were being used as a substitute for fixed wiring at the aforementioned locations.</p> <p>3.1-19(b)</p>			