

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2014
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NAME OF PROVIDER OR SUPPLIER FOREST CREEK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD INDIANAPOLIS, IN 46227
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/06/14</p> <p>Facility Number: 000145 Provider Number: 155241 AIM Number: 100275110</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Forest Creek Village 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 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridors. The facility has battery</p>	K010000	Forest Creek Village respectfully requests paper compliance for K 056 and our Life Safety Code Recertification	

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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K010056 SS=B	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 128 and had a census of 112 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two detached wooden storage sheds.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/13/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</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</p>	K010056	Forest Creek Village respectfully	11/19/2014

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	<p>facility failed to ensure the sprinkler system was installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect 30 residents, staff and visitors in the vicinity of Room 11, Room 13 and Room 15.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:20 a.m. to 12:30 p.m. on 11/06/14, a 33 inch horizontal length of steel sprinkler pipe installed in Room 11 and a 35 inch horizontal length of steel sprinkler pipe installed in Room 13 and in Room 15 were each an unsupported armover to a sprinkler. Based on interview at the time of the observations, the Maintenance Director acknowledged each of the aforementioned three sprinkler locations were each an unsupported armover greater than 24 inches in length for a steel pipe.</p> <p>3.1-19(b) 3.1-19(ff)</p>		<p>requests paper compliance for the Life Safety Code Recertification and K 056 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?—</p> <ul style="list-style-type: none"> ·No residents have been affected by thedeficient practice. ·Rooms 11, 13, and 15 have been assessedand the unsupported armovers have been added to have the support requiredwithin the standard as outlined by NFPA, 1999 edition, Section 6-2.3.4. These corrections have been made on or before 11/19/2014 <p>How will you identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?</p> <ul style="list-style-type: none"> ·Allresidents have the potential to be affected. ·Thefacility was inspected to ensure the deficiency was not occurring in any otherpart of the building. Any further deficiencies identified have been correctedwithin the standard as outlined by NFPA, 1999 edition, Section 6-2.3.4. These corrections were made on or before 11/19/2014 <p>What measures will be put into place or whatsystemic changes you will make to ensure that the deficient practice does notrecur?</p>				

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			<p>The Maintenance Director will check monthly for 6 months to ensure allarmovers are in place within the standard as outlined in NFPA, 1999 edition, Section 6-2.3.4. to ensure compliance. If for any reason a deficiency is found, the Maintenance Director will report the deficiency to the Administrator immediately. Corrective action will be taken immediately to ensure the facility is within the standard as outlined by NFPA, 1999 edition, Section 6-2.3.4.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Maintenance Director will meet monthly in QA for 6 months and report any deficiencies. If deficiencies are found, an action plan will be put into place to correct the deficiencies.</p>	