

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155510	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/25/2012
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NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/25/12</p> <p>Facility Number: 000549 Provider Number: 155510 AIM Number: 100267470</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Century Villa Health 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) and 410 IAC 16.2. The original building consisting of everything except the 100 hall and the attached workshop was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire</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>alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The facility has a capacity of 84 and had a census of 65 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/31/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0052 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 99 smoke detectors was installed in a location which would allow the smoke detector to function to its fullest capability. NFPA 72, National Fire Alarm Code, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 16 residents on 300 hall as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 10/25/12 at 12:13 p.m. with the Maintenance Supervisor, a hard wired smoke detector was located on the ceiling within one inch of a 12 inch by 12 inch return vent inside the Community room storage closet on 300 hall. Based on interview on 10/25/12 at 12:15 p.m., it was acknowledged by the Maintenance Supervisor the aforementioned smoke detector was installed within one inch of an air return duct in the ceiling which would not allow</p>	K0052	<p>1) No residents were affected. 2) No other residents were affected. 3) One time installation of smoke detectors. 4) One time installation of smoke detectors. 5) Smoke detector was moved by Safecare. Completed 11/05/12.</p>	11/05/2012			

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	the smoke detector to detect smoke to its fullest capability. 3.1-19(b)				

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K0062 SS=F	<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, record review and interview; the facility failed to ensure 4 of 7 gauges for the sprinkler system were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 10/25/12 at 2:18 p.m. with the Maintenance Supervisor, four pressure gauges on the sprinkler riser system located in the closet of the Mechanical room on 300 hall each had manufacturer's dates of 2006. Based on Sprinkler Inspection Records review on 10/25/12 at 3:45 p.m., documentation did not indicate the sprinkler system gauges had been calibrated or the date of installation. Based on interview on</p>	K0062	<p>1) No residents were affected. 2) No other residents were affected. 3) The tags were actually present but not reliably identified. Callibration was done 05/11/09. 4) Tags have been labeled properly to be more readily identified. 5) Completed 11/05/12.</p>	11/05/2012			

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	<p>10/25/12 at 2:20 p.m. with the Maintenance Supervisor, it was acknowledged the pressure gauges had exceeded the five year requirement for recalibration or replacement.</p> <p>3.1-19(b)</p>			

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K0066 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation, interview and record review: the facility failed to ensure 1 of 1 designated smoking areas were at least five feet away from combustible gases such as portable liquefied petroleum gas (LPG) containers. LSC 8.4.3.1(3) requires the storage and handling of flammable liquids or gases to be in accordance with NFPA 58, 1998 Edition Liquefied Petroleum Gas Code. NFPA 58, Section 3-2.2.2 requires containers installed outside of buildings to be in accordance with Table 3-2.2.2. and Section 3-2.2.2(d) specifies the distance</p>	K0066	<p>1) No residents were affected. 2) No other residents were affected. 3) The gas grill was moved. 4) Gas grills will no longer be in the area near the smoking areas. Signs are posted "no smoking". Signs will be posted on grill. 5) Completed 11/05/12.</p>	11/05/2012			

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	<p>measured in any direction from the point of discharge of a container pressure relief valve, the vent of a fixed maximum liquid level gauge on a container, or the installed location of the filling connection of a container to any exterior source of ignition, openings into direct-vent (sealed combustion system) appliances, or mechanical ventilation air intakes shall be in accordance with Table 3-2.2.2(d). Table 3-2.2.2(d) indicates the minimum distance between a portable LPG container replaced on a cylinder exchange basis and an exterior ignition source is five feet. This deficient practice could affect any resident near the smoking area including staff or visitors using the smoking area outside the Service hall exit.</p> <p>Findings include:</p> <p>Based on observation on 10/25/12 at 1:45 p.m. with the Maintenance Supervisor, the two, standard five gallon propane tanks used to provide fuel for the outdoor grill was within five feet of a designated smoking area just outside of Service hall. Based on interview on 10/25/12 at 1:46 p.m. with the Maintenance Supervisor it was acknowledged this area outside Service hall is a designated smoking area and is also where two, partially full propane tanks were located for use with</p>			

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	<p>the outdoor grill. Furthermore, the Maintenance Supervisor acknowledged a NO SMOKING sign was not present next to the grill where the partially full propane tanks were used to fuel the grill and he was unaware the propane tanks needed to be five feet away from an ignition source such as a smoking area. Based on record review of the smoking policy on 10/25/12 at 3:45 p.m., the only designated smoking area was outside Service hall, but the smoking policy did not address no smoking within five feet of a flammable fuel source.</p> <p>3.1-19(b)</p>				

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K0147 SS=E	<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 2 of 2 multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires unless specifically permitted, multiplug adapters, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 16 residents on 300 hall and 10 residents observed in the Dining room adjacent to Service hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/25/12 during the tour between 12:15 p.m. and 12:45 p.m. with the Maintenance Supervisor, there was one, six prong multiplug adapter used to power a fan and a printer located in the Administrative Assistant's office on 300 hall. Furthermore, there was one, six prong multiplug adapter in the Riser room on Service hall used to power magnetic holds for three doors; two for the Main Dining room and one for the Service door, all three located on Service hall. Based on interview on 10/25/12 concurrent with the observations with the Maintenance Supervisor, it was</p>	K0147	<p>1) No residents were affected. 2) No other residents were affected. 3) Cover plate was installed. 4) Maintenance will monitor all electrical junction boxes to ensure cover plates are in place. 5) Completed 11/05/12.</p>	11/05/2012			

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	<p>acknowledged it is the policy of the facility not to use multiplug adapters, however, the aforementioned rooms did use six outlet multiplugs as a substitute for fixed wiring.</p> <p>3.1-19(b)</p>			

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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/25/12</p> <p>Facility Number: 000549 Provider Number: 155510 AIM Number: 100267470</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Century Villa Health 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), and 410 IAC 16.2. The 100 hall and the attached workshop were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the</p>	K0000					

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	<p>corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The facility has a capacity of 84 and had a census of 65 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation, record review and interview; the facility failed to ensure 4 of 7 gauges for the sprinkler system were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 10/25/12 at 2:18 p.m. with the Maintenance Supervisor, four pressure gauges on the sprinkler riser system located in the closet of the Mechanical room on 300 hall each had manufacturer's dates of 2006. Based on Sprinkler Inspection Records review on 10/25/12 at 03:45 p.m., documentation did not indicate the sprinkler system gauges had been calibrated or the date of installation. Based on interview on</p>	K0062	<p>1) No residents were affected. 2) No other residents were affected. 3) The tags were actually present but not reliably identified. Callibration was done 05/11/09. 4) Tags have been labeled properly to be more readily identified. 5) Completed 11/05/12.</p>	11/05/2012			

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	10/25/12 at 2:20 p.m. with the Maintenance Supervisor, it was acknowledged the pressure gauges had exceeded the five year requirement for calibration or replacement. 3.1-19(b)				

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K0147 SS=E	<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 1 of 3 electrical junction boxes confined electrical wires in the junction box with a cover. NFPA 70, National Electrical Code, 1999 Edition, Article 370-28(c) requires exposed electrical wires be confined within a junction box with a cover compatible with the box. This deficient practice could affect 22 residents on 100 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 10/25/12 at 2:25 p.m. with the Maintenance Supervisor, nine electrical wires with wire nuts were jutting out of the electrical junction box next to the smoke barrier wall on 100 hall without having any cover over the box. Based on interview on 10/25/12 at 2:27 p.m. with the Maintenance Supervisor, it was acknowledged the electrical wires jutting out of the electrical junction box were not confined within the box by a cover.</p> <p>3.1-19(b)</p>	K0147	<p>1) No residents were affected. 2) No other residents were affected. 3) Cover plate was installed. 4) Maintenance will monitor all electrical junction boxes to ensure cover plates are in place. 5) Completed 11/05/12.</p>	11/05/2012	

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