STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 12/27/2012
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240	

(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
K0000	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: 12/27/12 Facility Number: 000191 Provider Number: 155294 AIM Number: NA Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, Forum at the Crossing 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. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in	K0000		

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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	resident rooms 421 through 428 and in resident rooms 616 through 630. The facility has battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 74 and had a census of 54 at the time of this visit. All areas where the 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 01/02/13. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0062 SS=C	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 Based on record review and interview, the facility failed to ensure quarterly sprinkler inspections were conducted for the sprinkler system for 1 of 4 calendar quarters. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2-3.3 requires waterflow alarm devices including, but not limited to mechanical water gongs, vane type waterflow switches and pressure switches which provide audible or visual signals shall be tested quarterly. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff and visitors in the facility. Findings include: Based on a review of Koorsen Fire & Security "Report of Inspection" documentation with the Director of Engineering during record review from 9:40 a.m. to 11:35 a.m. on 12/27/12, a third quarter 2012 (July, August,	K0062	**Response to the cited deficiencies** **Do not constitute an admission or** **Agreement by the facility of the truth** **Of the alleged or conclusion set forth** **In the Statement of Deficiencies. The** **Plan of Correction is prepared solely** **As a matter of compliance with federal** **And/or state law.** In response to the cited alleged deficiency K062, the following: A) With respect to what corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice: The Quarterly Sprinkler Inspection was completed on 12/27/12 between 12:50 p.m. and 2:10 p.m. B.)With respect to how other residents having the potential to be affected	01/26/2013

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	September) quarterly sprinkler system inspection documentation was not available for review. Based on interview at the time of record review, the Director of Engineering acknowledged a third quarter 2012 sprinkler system inspection documentation was not available for review. 3.1-19(b)		by the same alleged deficient practice will be identified and what corrective action will be taken: All future inspections will be completed each quarter and or annually by Simplex Grinnell new company in 2013 and beyond. C.)With respect to what measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: The Director of Environmental Services will monitor and ensure the inspections are completed each quarter for the sprinklers. D.)With respect to how the corrective action Will be monitored to ensure the deficient Practice will not recur, i.e., what quality Assurance program will be put into Place: Records will be reviewed more closely for compliance by the Director of Environmental Services sprinkler system. E.)Date of compliance with proposed actions: Date of compliance 12/27 & 28 /12 all inspections completed. Proposed actions all inspections will be completed as required by Life Safety Codes.	

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K0069 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 hood extinguishing systems in the kitchen was inspected and serviced every six months. NFPA 96, the Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 8-2 requires an inspection and servicing of the fire extinguishing system at least every six months. This deficient practice could affect five staff and visitors in the vicinity of the kitchen. Findings include: Based on a review of Koorsen Fire & Security "Restaurant Systems Work Order" documentation dated 03/09/12 with the Director of Engineering during record review from 9:40 a.m. to 11:35 a.m. on 12/27/12, documentation of a semiannual kitchen hood extinguishing system service record after 03/09/12 was not available for review. Based on interview at the time of record review, the Director of Engineering acknowledged semiannual kitchen hood extinguishing system service documentation after 03/09/12 was not available for review. 3.1-19(b)	K0069	**Response to the cited deficiencies** **Do not constitute an admission or** **Agreement by the facility of the truth** **Of the alleged or conclusion set forth** **In the Statement of Deficiencies. The** **Plan of Correction is prepared solely** **As a matter of compliance with federal** **And/or state law.** In response to the cited alleged deficiency K069, the following: A) With respect to what corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice: The Semi Annual Hood Inspection completed on 12/28/12 between 7:30 p.m. and 9:00 p.m. B) With respect to how other residents having the potential to be affected by the same alleged deficient practice will be	01/26/2013

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			identified and what corrective action will be taken: All future inspections will be completed each quarter and or annually by Simplex Grinnell new company in 2013 and beyond. C) With respect to what measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur: The Director of Environmental Services will monitor and ensure the inspections are completed each semi-annual for the kitchen hood suppression system. D) With respect to how the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Records will be reviewed more closely for compliance by the director of Environmental Services for the kitchen suppression system inspection. E) Date of compliance with proposed actions: Date of compliance 12/27 & 28 /12 all inspections completed.	

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			proposed actions all inspections will be completed as required by Life Safety Codes.	