| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155758 | A. BUILDING 02<br>B. WING | 06/23/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ASBURY TOWERS HEALTH CARE CENTER | 102 W POPLAR ST<br>GREENCASTLE, IN 46135 |

| (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 |
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| K 0000<br><br>Bldg. 02 | A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/06/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 06/23/15<br><br>Facility Number: 001120<br>Provider Number: 155758<br>AIM Number: 200525120<br><br>At this PSR survey, Asbury Towers Health Care Center 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.<br><br>The facility was located on the first and ground floors of a four story building and surveyed as one building since the construction dates of the original building and an addition were built prior to March 1, 2003. The facility was determined to | K 0000 | | |

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

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| | be of Type II (222) construction and fully sprinklered. The facility identifies the ground floor as HCC Comprehensive care Unit I and the first floor as Comprehensive care Unit II. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors connected to the fire alarm system. Battery powered smoke detectors were located in all resident rooms except rooms 9 through 22 on the south wing of the ground floor. Hard wired smoke detectors in resident rooms 117, 118, and rooms 9 through 22 alarm at the smoke detector only. The facility has the capacity for 48 and had a census of 41 at the time of this survey.<br><br>All areas where residents have customary access were sprinklered except the elevator machine room cited at K56. All areas providing facility services were sprinklered. | | | |
| K 0056<br>SS=B<br>Bldg. 02 | NFPA 101<br>LIFE SAFETY CODE STANDARD<br>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 | | | |

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| | 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<br>Based on observation and interview, the facility failed to ensure 1 of 1 ground floor elevator machine rooms was provided with sprinkler coverage or provided with an alternative automatic extinguishing system. 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 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 | K 0056 | K_0056 SS=B The facility failed to ensure the ground floor elevator machine rooms was provided with sprinkler coverage or provided with an alternative automatic Extinguishing system No residents were harmed by the failure to have a dry suppression system installed in the elevator mechanical room A contract was signed on 05/27/15 with Koorsen Fire and Security to install a dry suppression system in the elevator mechanical room sited( See Exhibit B) Work was expected to be completed by 05/05/15 However, the materials needed for installation were on back order and work was not able to be completed by the time stated on the previous plan of correction As of 06/23/15 the suppression system had still not been installed With the Life Survey instructor present, the Director of Plant Operations placed a phone call to Koorsen Fire and Security to check on the Status of work to be completed Koorsen Fire and Security felt like they would have the materials on hand and the system installed by 07/03/15 As of 07/03/15 the | 07/23/2015 |

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| | 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 visitors, staff, and 10 or more residents on the ground floor.<br><br>Findings include:<br><br>Based on observation with the Director of Plant Operations on 06/23/15 at 9:15 a.m., the ground floor south elevator equipment room was not provided with sprinkler coverage or provided with an alternative automatic extinguishing system. Based on interview with the Director of Plant Operations at the time of observation, the facility has a contract for the installation of a suppression system in the south elevator machine room but the contractor had not started the work as expected. Based on further interview, after making a telephone call to the contractor, components of the suppression system were on back order and the system will be installed once all the parts have been delivered. | | system was not installed Another call to Koorsen Fire and Security was made by the Director of Plant Operations on 07/08/15 to check on the status of the project Koorsen Fire and Security was still waiting on the engineers to design the plans for the project Koorsen will notify the Director of Plant Operations by 07/10/15 of the expected date of completion for the project. We anticipate the completion of the project 07/23/15. If Koorsen is not able to complete this project by the projected date we will notify you of the anticipated date of completion. | |

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