

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/09/2019	
NAME OF PROVIDER OR SUPPLIER PINE KNOLL ASSISTED LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 607 WILSON CREEK RD LAWRENCEBURG, IN 47025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: October 8 and 9, 2019</p> <p>Facility number: 001142</p> <p>Residential Census: 24</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 12, 2019.</p>			R 0000			
R 0092 Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill</p>						

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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>in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on record review and interview, the facility failed to attempt to conduct a fire and disaster drill in conjunction with the local fire department at least every six months. This deficient practice had the potential to affect 23 of 23 residents residing in the facility.</p> <p>Findings include:</p> <p>During an interview on 10/08/19 at 3:05 P.M., a subcontractor for the facility who was hired to perform the monthly fire drills indicated he contacted the local fire department when he activated the fire alarm system each month. He had not invited them to participate in any fire drills in the past year.</p> <p>During an interview on 10/09/19 at 10:11 A.M., the Administrator indicated the local fire department came to the facility one time a year to do an inspection, but did not conduct a fire drill at that time.</p> <p>The Fire Drill records, for October 2018 through October 2019, were provided by the Administrator on 10/09/19 at 1:20 P.M. None of the records indicated the local fire department had been contacted to participate in any of the fire drills conducted in the last 12 months.</p> <p>The current undated, "Disaster Preparedness" policy was provided by the Administrator on 10/09/19 at 1:20 P.M. The policy indicated the facility, "...will adhere to Indiana State Department of Health regulations..."</p>			R 0092	<p>Following our survey on 10/08/19 the administrator spoke with the local fire chief with the Lawrenceburg Fire Department and was given contact information to use for future attempts to invite the fire department to participate in our fire and disaster drills.</p> <p>On 10/15/19 our policy and procedure for fire and disaster drills was updated to include contacting the fire department at least once every six months and to keep documentation of all contact with the fire department. Corrective actions that will be taken to monitor that this practice does not recur will be adding a contact date to our facility monthly calendar for administrator to review each month when our monthly fire/disaster drills are completed. There will be a note made to verify fire department was contacted and invited to attend. Also the Fire Department contact will be added to our quarterly quality assurance meetings. We will review and document all fire/disaster safety drills and in-services at our quality assurance meetings and monitor that the local fire department is being contacted per state requirements.</p>		10/18/2019