

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

PRINTED: 10/17/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155323		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/25/2018	
NAME OF PROVIDER OR SUPPLIER LAKEVIEW VILLAGE SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 410 TIOGA RD MONTICELLO, IN 47960			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/25/18</p> <p>Facility Number: 000216 Provider Number: 155323 AIM Number: 100267580</p> <p>At this Emergency Preparedness survey, Lakeview Village Senior Living was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 80 certified beds. At the time of the survey, the census was 30.</p> <p>Quality Review completed on 09/26/18 - DA</p>			E 0000	<p>Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.</p> <p>Christopher J. Shiovone, HFA Administrator</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/25/18</p> <p>Facility Number: 000216 Provider Number: 155323 AIM Number: 100267580</p> <p>At this Life Safety Code survey, Lakeview Village</p>			K 0000	<p>Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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K 0353 SS=F Bldg. 01	<p>Senior Living was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 80 and had a census of 30 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one detached garage which was not sprinklered.</p> <p>Quality Review completed on 09/26/18 - DA</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p>				Christopher J. Shiavone, HFA Administrator		

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	<p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>a) Based on observation and interview, the facility failed to ensure 4 of 4 sprinkler heads under the main entry canopy were clean, free of foreign materials, and corrosion. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect as many as 6 residents, 4 visitors and 2 staff sitting on the porch of the facility.</p> <p>Findings include:</p> <p>Based on observation on 09/25/18 at 12:15 p.m. with the Maintenance Director and the facility Administrator, the sprinkler heads under the main entry canopy were green and showing signs of corrosion. There were also signs of foreign matter such as cobwebs and dirt on these sprinkler heads as well. Based on interview at the aforementioned time of the observation, the Maintenance Director acknowledged the corrosion and foreign matter on the sprinkler heads and stated that he would have Elwood (the facility sprinkler service provider) come out and change the four sprinkler heads as soon as possible.</p>			K 0353	<p>1.) All Residents have the potential to be affected</p> <p>2.) No Residents were directly affected by the deficient practice</p> <p>3.) A.) All Sprinkler Heads identified will be replaced by Elwood Fire & Equipment Company on or by October 25, 2018</p> <p>B.) All sprinkler gauges and the sprinkler control valve has been recorded since this survey and will continue to be recorded weekly/monthly indefinitely</p> <p>4.) The maintenance director was re-educated to the sprinkler gauge recordings/sprinkler control valve inspections in addition to identification of corroded sprinkler heads on October 1, 2018 by the facility Administrator</p> <p>5.) The facility Administrator or his designee will monitor the sprinkler gauge recordings and sprinkler control valve inspections weekly for 4 weeks, bi-weekly for 4 weeks, monthly thereafter for 6 months then quarterly thereafter until compliance is achieved. Any deficient practice identified will be corrected immediately and re-education will be provided. The facility Administrator or his designee will complete monthly inspections of sprinkler heads to</p>		10/25/2018

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	<p>3.1-19(b)</p> <p>b) Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1 states all valves shall be inspected weekly. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, visitors, and staff in the facility.</p> <p>Findings include:</p> <p>Based on review of Elwood Fire and Equipment Company's "Sprinkler System Test Report" documentation dated 09/10/18, 06/26/18, 03/20/18, and 12/07/17 with the Maintenance Director and the facility Administrator during record review at 10:34 a.m., weekly sprinkler gauge inspection documentation was not available for review. In addition, monthly inspection documentation for all sprinkler system control valves was also not available for review. Based on interview at the time of record review and observation, the Maintenance Director acknowledged weekly sprinkler system gauge and monthly control valve inspections were being done, but were not being documented for the aforementioned periods, and</p>				<p>ensure sprinkler heads are free from corrosion, debris or foreign matter. These inspections will continue monthly for 6 months then quarterly thereafter. Findings from these inspections will be reviewed during monthly Quality Assurance Meetings. Any deficient practice identified will be corrected immediately.</p>		

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	therefore were not available for review. 3.1-19(b)						