

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

PRINTED: 10/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155778		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 09/18/2017	
NAME OF PROVIDER OR SUPPLIER PARKVIEW HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1212 E MAIN ATTICA, IN 47918			
(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	
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 483.70(a).</p> <p>Survey Date: 09/18/17</p> <p>Facility Number: 000323 Provider Number: 155778 AIM Number: 100288440</p> <p>At this Life Safety Code survey, Parkview Healthcare was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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 III (211) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, hard wired smoked detectors in all resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 53 and had a census of 39 at the time of this survey.</p>		K 0000	<p>October 6, 2017</p> <p>Indiana State Department of Health</p> <p>2 North Meridian</p> <p>Indianapolis, IN 46204</p> <p>Re: Survey Event ID K76121</p> <p>Dear Mathew Foster, Director</p> <p>Long-Term Care,</p> <p>On September 18, 2017, A Life Safety Code Survey was conducted at the above referenced facility by the Long-Term Care, Indiana State Department of Health, in order to determine the facility is in compliance with federal participation requirements for nursing facilities participating in the</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 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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K 0346 SS=F Bldg. 01	<p>All areas where residents have customary access were sprinklered. The facility has one detached garage and one P.O.D. that is used for maintenance equipment storage and was not sprinklered.</p> <p>Quality Review completed on 09/26/17 - DA</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of</p>			<p>Medicare and/or Medicaid programs.</p> <p>Attached you will find the completed Plan of Correction (POC).</p> <p>Parkview Healthcare respectfully requests paper compliance for this survey. All corrections have been completed. Thank you very much for your consideration in this matter.</p> <p>Respectfully submitted,</p> <p>Margaret J. Goodman, HFA Administrator Parkview Healthcare</p>			

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	<p>services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6</p> <p>Based on record review and interview, the facility failed to provide a complete 1 of 1 written policy for the protection of residents indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 09/18/2017 at 10:44 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to include:</p> <p>a) contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov</p> <p>b) contacting the building owner, and a</p>	K 0346	<p>It is the intent of this facility to provide a proper Fire Watch when or if the fire alarm service is out of service.</p> <p>1. The new fire watch policy and procedure has been completed to include:</p> <p>1. Notification to the Indiana State Board of Health (ISDH) upon failure of the fire alarm system via ISDH gateway link as the primary method of notification. If the gateway system is not working properly notification will be made by completing the incident reporting form and emailing to the ISDH.</p> <p>2. Notification of the owner to include owner's phone number and/or Managing company name and number if appropriate.</p> <p>3. Contact name and number for notification of insurance carrier.</p> <p>4. The person conducting the fire watch will be a trained individual with no other duties.</p> <p>2. All residents have the potential to be affected.</p> <p>3. The Maintenance Supervisor and Administrator have been re-educated on the necessity of including the proper notification in</p>		10/18/2017		

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K 0353 SS=F Bldg. 01	<p>phone number for said building owner. c) contacting the Insurance carrier and a phone number for said insurance carrier. d) that the person conducting the fire watch be a trained person with no other duties. Based on interview during the record review, the Maintenance Supervisor acknowledged the fire watch documentation provided named "Fire Watch" was missing; contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov, contacting the building owner and a phone number for said building owner, contacting the Insurance carrier and a phone number for said insurance carrier, and that the person conducting the fire watch be a trained person with no other duties.</p> <p>3.1-19(b)</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.</p>				<p>the fire watch policy and ensuring a trained person with no additional duties provide the fire watch. 4.The updated policy will be reviewed in morning meeting by the IDT and approved by the QAPI committee.</p>		

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	<p>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> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review 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 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records</p>	K 0353	<p>It is the intent of this facility to inspect and document inspection in accordance with NFPA 25 standard to test, inspect and maintain Automatic sprinkler and standpipe systems of water-based fire protection systems and keep and maintain records of system design and maintenance and make readily available.</p> <p>1.The facility will maintain and record proper Automatic sprinkler system inspections to include a minimum of the following in accordance with NFPA 25</p> <p>1.Date sprinkler system was last checked</p> <p>2.Who provided system test.</p> <p>3.Water system supply source.</p> <p>4.Documentation of said inspections will be readily available as necessary for review.</p> <p>2.All residents and visitors have the protentional to be affected.</p> <p>3.The Maintenance Supervisor and Administrator have been reeducated on the necessity of</p>	10/18/2017			

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	<p>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, staff, and visitors within the facility.</p> <p>Findings include:</p> <p>Based on review of SafeCare's "Report of Inspection" documentation for the most recent twelve month period with the Maintenance Supervisor during record review from 9:10 a.m. to 11:00 p.m. on 09/18/17, weekly dry sprinkler system gauge inspection documentation for 52 weeks of the most recent 52 week period was not available for review. In addition, monthly inspection documentation for all sprinkler system control valves for 12 months of the most recent 12 month period was not available for review. Based on interview at the time of record review, the Maintenance Supervisor acknowledged sprinkler system gauge and control valve inspection documentation for the aforementioned weekly and monthly periods was not available for review.</p> <p>3.1-19(b)</p>				<p>proper inspection, proper documentation and record keeping of sprinkler inspection.</p> <p>4. The monthly sprinkler system inspections will be reviewed in the morning meeting by the IDT and in monthly QAPI committee meeting.</p>		

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K 0354 SS=F Bldg. 01	<p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of 39 of 39 residents in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all occupants in the facility.</p>			K 0354	<p>It is the intent of the facility to provide a proper Fire Watch in the event of the sprinkler system failure.</p> <p>1.A new policy has been completed in the event the Sprinkler system fails for ten (10) hours in a 24-hour period. The policy shall include necessary procedures and notification for a fire watch including: 1.Notification of the Indiana State Board of Health (ISDH) via the ISDH gateway link as the primary method of notification or if the gateway system is not working properly notification by completing the incident reporting form and emailing to the ISDH. 2.Notification of the owner to include owner's phone number and/or Managing company name and number if appropriate.</p>		10/18/2017

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	<p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 09/18/2017 at 10:44 a.m., the facility provided fire watch plan documentation but it was incomplete. The plan failed to include:</p> <p>a) contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov</p> <p>b) contacting the building owner, and a phone number for said building owner.</p> <p>c) contacting the Insurance carrier and a phone number for said insurance carrier.</p> <p>d) that the person conducting the fire watch be a trained person with no other duties.</p> <p>Based on interview during the record review, the Maintenance Supervisor acknowledged the fire watch documentation provided named "Fire Watch" was missing: contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form</p>		<p>3.Contact name and number for notification of insurance carrier.</p> <p>4.The person conducting the fire watch will be a trained individual with no other duties.</p> <p>2.All residents and visitors have the potential to be affected.</p> <p>3.The Maintenance Supervisor and Administrator have been reeducated on the importance of a proper policy in the event of an Automatic Sprinkler system failure for ten (10) hours in a 24-hour period to include a fire watch with appropriate notifications.</p> <p>4.The policy will be reviewed by the IDT in morning meeting and the monthly QAPI committee.</p>				

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K 0372 SS=E Bldg. 01	<p>and e-mailing it to incidents@isdh.in.gov, contacting the building owner and a phone number for said building owner, contacting the Insurance carrier and a phone number for said insurance carrier, and that the person conducting the fire watch be a trained person with no other duties.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and / or conduit through 2 of 5 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a</p>	K 0372	<p>It is the intent of the facility to maintain all smoke barriers to a ½ hour fire resistance rating per 8.5.</p> <p>1. All smoke barriers have been sealed with necessary fire-resistant material as required by regulation. 2.All residents have the potential to be affected. 3.The Maintenance Supervisor</p>	10/18/2017			

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K 0711 SS=F Bldg. 01	<p>minimum ½ hour fire resistive rating. This deficient practice could affect at least 16 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor 09/18/17 between 11:09 p.m. and 12:47 p.m., the following unsealed penetrations were discovered:</p> <p>a) a one-half inch annular space gap was located in the barrier where approximately 12 black cable wires penetrated the C hall smoke barrier</p> <p>b) a one inch annular space gap located in a conduit with 7 data cables passing through the barrier located in the F hall smoke barrier</p> <p>Based on interview at the time of observation, the Maintenance Supervisor acknowledged each penetration in the smoke barrier.</p> <p>3.1-19(b)</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily</p>				<p>has been reeducated on the necessity of sealing all smoke barrier walls with fire resistant material as required by law.</p> <p>4. Will be added to the maintenance schedule and monitored by Administrator/Designee.</p>		

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	<p>available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.</p> <p>18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>Based on record review, observation and interview; the facility failed to provide a written plan that addressed all components in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <p>(1) Use of alarms (2) Transmission of alarm to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire</p> <p>Section 19.2.3.4(4) states any required aisle or corridor shall not be less than 48 inches in clear width where serving as means of egress from patient sleeping rooms. Projections into the required width shall be permitted for wheeled equipment provided the relocation of wheeled equipment during a fire or</p>	K 0711	<p>It is the intent of the facility to provide a written evacuation and relocation plan in the event of an emergency.</p> <p>1. There is new written plan for the protection of all residents and for their evacuation and relocation in the event of an emergency. The plan local police and fire departments and county emergency management.</p> <p>1.basic response required of staff.</p> <p>2.use of alarmsaddresses the following:</p> <p>1.All staff will be in-serviced at hire and annually as to their duties during an evacuation/relocation of residents.</p> <p>2.A copy of the evacuation/relocation plan will be made available to the</p> <p>3.Transmission of alarm to fire department</p> <p>4.Emergency phone call to fire department</p> <p>5.Response to alarms</p> <p>6.Isolation of fire</p> <p>7.Evacuation of immediate area</p> <p>8.Evacuation of smoke compartment</p> <p>9.Preparation of floors and</p>	10/18/2017			

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	<p>similar emergency is addressed in the written fire safety plan and training program for the facility. The wheeled equipment is limited to:</p> <ul style="list-style-type: none"> i. Equipment in use and carts in use ii. Medical emergency equipment not in use iii. Patient lift and transport equipment <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Disaster Manual documentation with the Maintenance Supervisor during record review from 9:10 a.m. to 11:07 p.m. on 09/18/17, the written fire safety plan did not address item (8) the relocation of wheeled equipment during a fire or similar emergency. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the aforementioned written fire safety plan did not address the relocation of wheeled equipment during a fire or similar emergency. Based on observations with the Maintenance Supervisor during a tour of the facility from 11:12 p.m. to 1:45 p.m. on 01/25/17, crash carts, Hoyer lifts, and Med carts in use were stored in each corridor.</p> <p>3.1-19(b)</p>			<p>building for evacuation</p> <ul style="list-style-type: none"> 10.Extinguishing of fire 11.Relocation of wheeled equipment including: <ul style="list-style-type: none"> 1.Equipment in use and carts in use 2.Medical emergency equipment not in use. 3.Patient lift and transport equipment. 2. All residents have the potential to be affected. 3. All staff will be in-serviced on the new evacuation plan. 4. The written plan will be reviewed by the IDT in morning meeting and referred to the QAPI committee. 			

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(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	
K 0712 SS=F Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7</p> <p>Based on record review and interview, the facility failed to ensure 12 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 quarters. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p>		K 0712	<p>1. All fire drills shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.</p> <p>The fire drill log has been updated to include an area to document the receipt of the transmission of the fire alarm signal.</p> <p>2. No residents were affected by the practice.</p> <p>3. The Maintenance Supervisor was re-educated as to the necessity of the transmission of a fire alarm signal, simulation of emergency fire conditions, and documentation of</p>		10/18/2017	

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

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	<p>Findings include:</p> <p>Based on record review of the document titled "Fire Drill Log" with the Maintenance Supervisor on 09/18/17 at 9:39 a.m., the fire drill form contained a Yes / No box labeled "Signal received by alarm company", but the boxes were left blank. Furthermore, there was no area on the form available to document the time upon verification of the alarm signal. Based on interview at the time of record review, the Maintenance Supervisor indicated the verification of the alarm signal was not being documented on the fire drill form.</p> <p>3.1-19(b) 3.1-51(c)</p>			<p>the time and verification of the transmission of the fire alarm signal.</p> <p>4. Monitoring will be done by the Administrator/Designee.</p> <p>5. Date completed will be October 18, 2017</p>			