

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

PRINTED: 08/01/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/12/2018	
NAME OF PROVIDER OR SUPPLIER LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/05/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).Survey.</p> <p>Date: 07/12/18</p> <p>Facility Number: 000383 Provider Number: 155721 AIM Number: 100289610</p> <p>At this PSR survey, Lawrence Manor Health Care Center 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 II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 55 and had a census of 34 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility storage which were not sprinklered.</p> <p>Quality Review completed on 07/16/18 - DA</p>			K 0000	Preparation and or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and or executed solely as required. The facility requests the plan of correction be considered the allegation of compliance effective 8-4-18.		

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 disclosed 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 0291 SS=F Bldg. 01	<p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1</p> <p>Based on record review and interview the facility failed to ensure 8 of 8 battery backup lights were tested annually for 90 minutes over the past year to ensure the light would provide lighting during periods of power outages. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/12/18 at 11:45 a.m. with the Maintenance Supervisor, the Battery Operated Emergency Light Test Log indicated all battery operated lights located throughout the facility were not tested annually for ninety minutes. Based on an interview at the time of record review, the Maintenance Supervisor indicated the facility has battery operated emergency lights throughout the facility but they had not been tested for ninety minutes for the past twelve months.</p> <p>3.1-19(b)</p>		K 0291	<p>K291 All battery-operated emergency lights were checked for function and tested for 90 minutes on 7-20-18 to ensure function during periods of power outages. The test was documented on the Battery-operated Emergency Lights Test Log.</p> <p>The facility will ensure the battery-operated emergency lights are operated and tested for at least 90 minutes on an annual basis with a written record that is readily available for review by the Authority having Jurisdiction (AHJ).</p> <p>The maintenance person was inserviced by the corporate director of plant operations on 7-24-18 regarding battery-operated emergency lights' function and testing; and availability of documentation for review by the Authority having Jurisdiction. A plan of correction audit calendar has been implemented.</p> <p>Ongoing, the administrator or designee will monitor battery-operated emergency lights</p>		08/04/2018	

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K 0351 SS=F Bldg. 01	<p>This deficiency was cited on 06/05/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler</p>				<p>operation/testing monthly with results and documentation forwarded to the regional director of operations to ensure continued compliance. If any emergency lighting fails the minimum test and inspection requirements it shall be repaired or replaced immediately. All test and inspection shall be documented accordingly as well as any necessary repair or replacement activities. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. Monitoring will be ongoing.</p>		

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	<p>Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview the facility failed to properly secure 3 of 25 sprinkler armovers observed when initially installed. NFPA 13, 2010 Edition at 9.2.3.5.1 states the cumulative horizontal length of an unsupported armover to a sprinkler head shall not exceed 24 inches for steel pipe. This deficient practice could affect all residents, staff and visitors.</p> <p>Finding include:</p> <p>Based on observation and interview on 07/12/18 during the tour between 12:00 p.m. and 1:15 p.m. with the Maintenance Supervisor there were unsupported steel armovers in the following locations which exceeded twenty four inches in length:</p> <ol style="list-style-type: none"> 1. Furnace room west hall armover measured 35 inches. 2. Storage room west hall armover measured 35 inches. 3. Kitchen storage room armover measured 32 inches. <p>Based on interview with the Maintenance Supervisor concurrent with the observations it was acknowledged the unsupported armovers exceeded 24 inches in horizontal length and required another sprinkler hanger.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 06/05/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			K 0351	<p>K351 Hangars were installed to support the steel armovers in the following locations: Furnace room west hall, Storage room west hall, and Kitchen storage room on 7-16-18.</p> <p>All armovers were inspected and there were no further findings. The facility will ensure the sprinkler system is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition. Unsupported steel pipe armovers to a sprinkler head exceeding 24 inches in length shall meet the requirements of Chapter 9, Hanging, Bracing and Restraint of System Piping.</p> <p>The maintenance person was inserviced by the corporate director of plant operations on 7-24-18 regarding the NFPA 13 Standard for the Installation of Sprinkler Systems and the hanging, bracing and restraint of steel pipe armovers exceeding 24 inches in length; and availability of surveillance/inspection documentation for review by the Authority having Jurisdiction. A plan of correction audit calendar has been implemented.</p> <p>Ongoing, the administrator or designee will monitor the sprinkler</p>		08/04/2018

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K 0918 SS=F Bldg. 01	<p>NFPA 101</p> <p>Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric</p> <p>System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and</p>		<p>system weekly for two months and monthly thereafter with results and documentation forwarded to the regional director of operations to ensure continued compliance. If any component of the sprinkler system fails the minimum test and inspection requirements it shall be repaired or replaced immediately. All test and inspection shall be documented accordingly as well as any necessary repair or replacement activities. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. Monitoring will be ongoing.</p>		

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	<p>automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to exercise the generator for 8 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS</p>			K 0918	<p>K918</p> <p>The generator was exercised under load on 7-13-18 and the test/inspection documented on the Weekly Generator Inspection Monthly Load Test Log.</p> <p>The facility will ensure the emergency generator load testing occurs on a monthly basis with a written record of the available load that is readily available for review by the Authority having Jurisdiction (AHJ).</p> <p>The maintenance person was inserviced by the corporate director of plant operations on 7-24-18 regarding exercising the generator under load monthly; and availability of documentation for review by the Authority having</p>		08/04/2018

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K 0927 SS=E Bldg. 01	<p>nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of generator load testing documentation with the Maintenance Supervisor on 07/12/18 at 11:45 a.m., there was no documentation available to indicate the monthly load test had not been done since October 2017 for the diesel powered generator. Based on interview at the time of record review, the Maintenance Supervisor acknowledged he neglected to run the generator under load on a monthly basis for the past eight months.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 06/05/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>NFPA 101 Gas Equipment - Transfilling Cylinders Gas Equipment - Transfilling Cylinders Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable</p>				<p>Jurisdiction. A plan of correction audit calendar has been implemented.</p> <p>Ongoing, the administrator or designee will monitor emergency generator operation weekly for two months and monthly thereafter with results and documentation forwarded to the regional director of operations to ensure continued compliance. If any component of the emergency generator system fails the minimum test and inspection requirements it shall be repaired or replaced immediately. All test and inspection shall be documented accordingly as well as any necessary repair or replacement activities. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. Monitoring will be ongoing.</p>		

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	<p>containers under 50 psi comply with conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage room where oxygen transferring takes place, was provided with properly working mechanical ventilation. NFPA 99 2012 edition, 11.5.2.3.1 (2) requires oxygen transfilling rooms to be mechanically ventilated, sprinklered, and have ceramic or concrete flooring This deficient practice could affect up to 21 residents, as well as staff and visitors by the south Nurse's station.</p> <p>Findings include:</p> <p>Based on observation on 07/12/18 at 11:27 a.m. with the Maintenance Supervisor, the oxygen transfilling room next to the south Nurse's station was provided with mechanical ventilation, but was not working at the time of inspection. The ceiling exhaust fan was covered in a visible layer of dust which was not moving. Based on interview concurrent with the observation the Maintenance Supervisor noticed the dust on the grill was static and confirmed the exhaust vent was not working.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 06/05/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		K 0927	<p>K927</p> <p>The exhaust fan in the oxygen storage room was repaired on 7-17-18. It is the only room used for this purpose.</p> <p>The facility will ensure mechanical ventilation is provided in the liquid oxygen transfilling room in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition. Section 11.5.2.3.1 (2) requires oxygen transfilling rooms to be mechanically ventilated. Section 9.3.7.5.3.1 requires mechanical exhaust to maintain a negative pressure in the space continuously.</p> <p>The maintenance person was inserviced by the corporate director of plant operations on 7-24-18 regarding mechanical ventilation to maintain a negative pressure in the oxygen storage room; and availability of documentation for review by the Authority having Jurisdiction. A plan of correction audit calendar has been implemented.</p> <p>Ongoing, the administrator or designee will monitor the oxygen transfill room mechanical ventilation daily for one month and weekly thereafter with results and documentation forwarded to the</p>		08/04/2018	

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			regional director of operations to ensure continued compliance with transfilling liquid oxygen requirements. If any component of the exhaust system in the oxygen storage room fails the minimum test and inspection requirements it shall be repaired or replaced immediately. All test and inspection shall be documented accordingly as well as any necessary repair or replacement activities. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. Monitoring will be ongoing.		