STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155240	A. BUILDING 01 B. WING	03/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYONS HEALTH AND LIVING CENTER	2417 S COUNTY ROAD 800 W LYONS, IN 47443

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K 0000 Bldg. 01	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). Survey Date: 03/13/17 Facility Number: 000144 Provider Number: 155240 AIM Number: 100266760 At this Life Safety Code survey, Lyons Health and Living Center, Inc. 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. 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 hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 82 and had a census of 47 at the time of this	K 0000	This plan of correction is to serve as Lyons Health and Living Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Lyons Health and Living Center or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of services in this facility. Nor does this submission constitute an agreement or admission of survey allegations	

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

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	survey. All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except a detached garage used as a maintenance shop and maintenance storage, and two small sheds used for facility storage. Quality Review completed on 03/20/17 - DA			
K 0347 SS=F Bldg. 01	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 Based on record review, interview and observation; the facility failed to ensure documentation for the preventative maintenance of 38 of 38 battery operated smoke alarms in resident rooms was complete. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice could affect all residents. Findings include: Based on review of the "Battery Operated	K 0347	The monthly preventive maintenance form/audit tool has been redone to identify in more detail the location of each smoke alarm tested and if there were any issues with each smoke alarm added. Batteries were replaced in all 38 smoke alarms identified and will be changed as needed and yearly. The audit tool will be reviewed by the administrator and the safety committee monthly.	03/24/2017

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	Smoke Detector Check and Cleaning Log" reports on 03/13/17 at 10:30 a.m. with the Maintenance Supervisor present, there was no itemized list of resident room battery operated smoke alarms tested for functionality on a monthly basis during the past twelve months. The only documentation available was a monthly preventative maintenance form with a blanketed statement that the resident room battery powered smoke alarms were tested. The form did not identify location of each smoke alarm tested and if there were any issues with each smoke alarm. Furthermore, batteries in all 38 smoke alarms were not replaced during the past 12 months. The most recent documentation available for the change of batteries was dated 10/20/15. This was acknowledged by the Maintenance Supervisor at the time of record review. Based on observations between 11:15 a.m. and 2:00 p.m. during a tour of the facility with the Maintenance Supervisor, battery operated smoke alarms were observed in all resident sleeping rooms. 3.1-19(b)			
K 0353 SS=E Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in			

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	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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 Based on observation and interview, the facility failed to ensure 6 of over 400 sprinkler heads in the facility were free of corrosion. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 5.2.1.1.1 requires sprinklers to be free of paint and corrosion. 5.2.1.1.2 requires any sprinkler that shows signs of paint or corrosion shall be replaced. This deficient practice could affect mostly kitchen and laundry staff. Findings include: Based on observations on 03/13/17 between 11:15 a.m. and 2:00 p.m. during a tour of the facility with the Maintenance Supervisor, the following was noted: a. 1 sprinkler head in the boiler room	K 0353	Sprinkler heads were ordered and installed on 3/27/17. Sprinkler heads will be checked monthly for 3 months and then quarterly thereafter for corrosion and replaced as needed.	03/27/2017

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	(within the Laundry Room) was covered with corrosion. b. 2 of 3 sprinkler heads in the Laundry Room were covered with corrosion. c. 2 sprinkler heads over the dishwashing area of the kitchen were covered with corrosion. d. 1 sprinkler head in the kitchen mop closet was covered with corrosion. This was acknowledged by the Maintenance Supervisor at the time of each observation. 3.1-19(b)			
K 0521 SS=F Bldg. 01	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 Based on observation and interview, the facility failed to ensure 2 of 3 smoke barrier walls, where HVAC duct trunks penetrated the walls, where provided with smoke dampers. NFPA 101, 2012 edition, at 8.5.5.2 states where a smoke barrier is penetrated by a duct or air-transfer opening, a smoke damper designed and tested in accordance with the requirements of ANSI/UL 555S, Standard for Smoke Dampers, shall be installed. This deficient practice could affect all residents.	K 0521	An estimate to install smoke dampers in the 300 hall and 200 hall smoke barrier walls that had duct trunks penetrating the wall in the attic space has been received. HVAC company to install fire and smoke dampers in areas identified.	04/13/2017

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	Findings include: Based on observations on 03/13/17 between 1:15 p.m. and 1:45 p.m. during a tour of the facility with the Maintenance Supervisor, the following was noted: a. The 300 hall smoke barrier wall had three duct trunks penetrating the wall in the attic space that were not provided with smoke dampers. b. The 200 hall smoke barrier wall had two duct trunks penetrating the wall in the attic space that were not provided with smoke dampers. This was acknowledged by the Maintenance Supervisor at the time of each observation.			
K 0711 SS=F Bldg. 01	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 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. 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 Based on record review, observation and	K 0711	All emergency disaster manuals were reviewed and updated to	03/31/2017

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	interview; the facility failed to provide a written plan that addressed all components of the written fire plan. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (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 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 similar emergency is addressed in the written fire safety plan and training program for the facility. The wheeled equipment is limited to: i. Equipment in use and carts in use ii. Medical emergency equipment not in use iii. Patient lift and transport equipment		included the relocation/removal of wheeled equipment in the corridors during a fire or similar emergency. Disaster manuals will be review and updated as needed and quarterly during QA	

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	This deficient practice could affect all residents, staff and visitors. Findings include: Based on record review on 03/13/17 at 10:45 a.m. with the Maintenance Supervisor present, the facility's "Fire Disaster Plan" was not a complete fire safety plan. The plan did not address the relocation of wheeled equipment in the corridors 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 was not a complete. Based on observations between 11:15 a.m. and 2:00 p.m. during a tour of the facility with the Maintenance Supervisor, various types of wheeled carts were observed in two corridors. 3.1-19(b)			
K 0912 SS=D Bldg. 01	NFPA 101 Electrical Systems - Receptacles Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed			

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	tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.4.2 (NFPA 99) Based on observation and interview, the facility failed to maintain an electric outlet in 1 of 24 resident sleeping rooms. NFPA 70, National Electrical Code 70, 2011 edition, Article 406.6, Receptacle Faceplates (Cover Plates), requires faceplates shall be installed to as to completely cover the opening and seat against the mounting surface. This deficient practice could affect one resident in room 213. Findings include: Based on observation on 03/13/17 at 11:32 a.m. during a tour of the facility with the Maintenance Supervisor, the electric outlet for the AC/heat wall unit was missing the cover or faceplate. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)	K 0912	The faceplate for the electric outlet for the AC/heat wall unit identified has been replace. A room audit will be completed monthly by the Maintenance Supervisor for 3 months and quarter thereafter. Outlet faceplates will be replaced as identified.	04/12/2017
K 0918 SS=F Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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			

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	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. 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 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 and readily identifiable. 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)			
	Based on record review and interview, the facility failed to ensure a written record of weekly inspections for 1 of 1 generator was maintained for 17 of 52 weeks. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte	K 0918	Generator testing will be completed and documented weekly. A copy of the testing will be reviewed by the administrator weekly for 4 weeks and monthly during safety meeting to assure compliance. In the absence of the Maintenance Supervisor, the Administrator or designee will be trained in generator testing.	04/12/2017

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	levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of the Emergency Generator Test log on 03/13/17 at 9:18 a.m. with the Maintenance Supervisor present, 17 weeks of generator testing documentation during the past 12 months was not available for review. This was acknowledged by the Maintenance Supervisor at the time of record review. 3.1-19(b)			