

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155323		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 09/07/2017	
NAME OF PROVIDER OR SUPPLIER LAKEVIEW VILLAGE SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 410 TIOGA RD MONTICELLO, IN 47960			
(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: 09/07/17</p> <p>Facility Number: 000216 Provider Number: 155323 AIM Number: 100267580</p> <p>At this Life Safety Code survey, Lakeview Village Senior Living was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 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 32 at</p>			K 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider or a conclusion set forth in the statement of deficiencies or any violation of regulation. Provider desires that the 2567 plan of correction be considered the letter of credible compliance and respectfully requests paper compliance in lieu of a revisit.</p> <p>Christopher J. Schiavone, HFA Administrator</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.

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

PRINTED: 10/16/2017
FORM APPROVED
OMB NO. 0938-0391

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K 0321 SS=E Bldg. 01	<p>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>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <p>Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons)</p>						

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	<p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K3220)</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 12 hazardous areas, such as combustible storage rooms over 50 square feet, soiled linen rooms, were provided with self-closing devices which would cause the doors to automatically close and latch into the door frames or provided with smoke resistant partitions. This deficient practice could affect 10 residents, as well as staff and visitors on the C hall.</p> <p>Findings include:</p> <p>Based on observations on 09/07/17 during a tour of the facility at 11:46 a.m. with the Maintenance Director and Administrator, the Respiratory Supply office on the C hall did not have a self-closing device on the door. This area measured approximately one hundred and forty square feet and had over fifty cardboard boxes and numerous plastic supplies, located inside. The Maintenance Director acknowledged the size of the room and the amount of combustible storage in the room, and stated he would get a self-closing device on the door as soon as possible.</p>			K 0321	<p>No residents were affected. All residents have the potential to be affected. An automatic door closer was installed on 9-26-17 by the Maintenance Director. All storage rooms were checked and will continue to be inspected monthly. If any deficient practices are identified corrections will be made immediately.</p>		09/26/2017

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K 0363 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed.</p> <p>There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as</p>						

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K 0511 SS=C Bldg. 01	<p>fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 40 sets of resident room doors to the corridor would close completely and latch into the door frame. This deficient practice could affect approximately 10 residents, as well as staff and visitors on the D hall.</p> <p>Findings include:</p> <p>Based on observation on 09/07/17 at 11:35 a.m., during a tour of the facility with the Maintenance Director and Administrator, the corridor door to resident room #10 on the D hall failed to fully close and latch into the frame.</p> <p>Based on interview at the time of observations, the Maintenance Director acknowledged the door not being able to fully close and latch into the frame.</p> <p>3.1-19(b)</p>			K 0363	<p>The door did shut but did not latch. The Maintenance Director fixed the latch on the door on 9-26-17. The facility will inspect all the corridor doors monthly. If there are any deficient practices identified corrections will be made immediately.</p>		09/26/2017
	<p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the</p>			K 0511	<p>No residents were affected. All residents have the potential to be</p>		09/07/2017

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	<p>facility failed to ensure 1 of 1 multiplug was not used as a substitute for fixed wiring according to 19.5.1.1. LSC 19.5.1.1 states utilities shall comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. This deficient practice affects staff and up to 6 residents in the lobby area.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 09/07/17 at 11:12 a.m., there was a multi-plug adapter plugged into the electrical outlet immediately above the main entry double doors in the lobby. Based on interview at the time of the observation, the Maintenance Director stated "the door company must have placed that above the door" and that he had no idea it was in there. The Maintenance Director acknowledged the aforementioned multi-plug adapter, and immediately removed it from the plug above the lobby doors.</p> <p>3.1-19(b)</p>				<p>affected; no others were identified. On 9-7-17, the Maintenance Director immediately removed the multi-plug adapter from the wall. The Maintenance Director completed a facility wide inspection and found no other multi-plug adapters in use. Maintenance Director or designee will conduct monthly rounds to ensure no deficient practice is identified and should there be any deficient practices found corrections will be made immediately.</p> <p>On 10/6/17, JD Electrical came out to inspect the potential spliced cords. The electrician said that this meets the National Electrical Code and will provide a letter tomorrow, 10/7/17, that will be uploaded when I receive it. The electrician also put a protective covering around the cords.</p>		