STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155501	A. BUILDING -- B. WING	09/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SIGNATURE HEALTHCARE OF BLUFFTON	1529 W LANCASTER ST BLUFFTON, IN 46714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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. --	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/07/18 Facility Number: 000465 Provider Number: 155501 AIM Number: 100273870 At this Emergency Preparedness survey, Signature Healthcare of Bluffton was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 108 and had a census of 36 at the time of this survey. Quality Review completed on 09/10/18 - DA	E 0000		
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 483.90(a). Survey Date: 09/07/18 Facility Number: 000465 Provider Number: 155501 AIM Number: 100273870 At this Life Safety Code survey, Signature Healthcare of Bluffton was found not in compliance with Requirements for Participation in	K 0000	The facility requests a desk review for this plan of correction.	

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

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	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. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 108 and had a census of 36 at the time of this survey. All areas where residents have customary access were sprinklered. The facility had a detached garage providing facility services including the maintenance office, maintenance supplies and tools that was not sprinklered Quality Review completed on 09/10/18 - DA			
K 0321 SS=E Bldg. 01	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 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 or 19.3.5.9. 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.			

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	Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation 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) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)			
	Based on observation and interview, the facility failed to ensure the corridor door to 1 of 1 rooms used as storage contained combustible storage was provided with a door which would automatically close and latch into the door frame. This deficient practice could affect 15 residents when occupied. Findings include: Based on observations during a tour of the facility with the Maintenance Director on 09/07/18 at 11:36 p.m., the corridor door to room 611 (which was greater than 50 square feet, contained over eight boxes of storage, Christmas trees, and large plastic storage totes) was not self-closing and automatic latching. Based on interview at the time of observations, the Maintenance Director agreed the room was greater than 50 square feet, contained combustible storage, and the door was not self-closing and latching.	K 0321	**·What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** 1.The door to Room 611 was fitted with a self-closing and latching mechanism on 9/17/18. **·How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken;** 1.All other rooms used for storage of combustible materials have the potential to be affected and have been inspected and were found to be in compliance. . **·What measures will be put into place or what systemic**	09/20/2018

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	3.1-19(b)		**changes will be made to ensure that the deficient practice does not recur;** 1.The Plant Ops Director or designee will inspect closed hall rooms weekly for 4 weeks, then monthly for 2 months, then quarterly thereafter and document in the Preventative Maintenance log. Any non-compliance will be corrected immediately. Non-compliances will be reviewed at the monthly Safety Meeting (subcommittee of QA committee) and further recommendation made if indicated. · **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** 1.The Safety Committee (subcommittee of QA committee) will review any non-compliance issues found and make further recommendations if indicated. ·**By what date the systemic changes will be completed. 9/20/18**	
K 0351 SS=E Bldg. 01	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			

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	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 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 ensure 1 of 1 sprinkler system piping was not use to support Non-System Components accordance with NFPA 13, 2010 edition, Section 9.1.1.7 Support of Non-System Components. Sprinkler piping or hangers shall not be used to support non-system components. This deficient practice could affect 20 residents the center hall. Findings include: Based on observation during a tour of the facility with the Maintenance Director on 09/07/18 at 12:00 p.m., in the attic of the center hall the sprinkler lines had wires and cables laying on top of them. Based on interview at the time of observation, the Maintenance Director agreed there were wires and cables laying on sprinkler piping in the attic. 3.1-19(b)	K 0351	**·What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** 1.The Center Hall attic space will have the wires and cables lying on the sprinkler lines supported by appropriate hanging devices. See below for correction extension request. **·How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken;** 1.All other attic spaces have the potential to be affected. Plant Ops Director or his designee will inspect all other attic spaces for cables or wires lying on the sprinkler lines. Areas identified	11/15/2018

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			with the same deficiency will be corrected by 11/15/18. **·What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;** 1.For any new projects requiring vendor attic work, vendors will be required to sign an agreement for compliance with this rule. 2.Plant Ops Director will inspect attic spaces every quarter for 2 quarters; then semi-annually thereafter as part of the facility Preventative Maintenance Program and document in the Preventative Maintenance Task Log. New vendor work will be inspected immediately upon completion and any non-compliance corrected immediately. Any non-compliance will be reported to the Safety Committee each month (subcommittee of the QA committee) for further follow-up. **·How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** 1.The Safety Committee will review any non-compliance reported with Attic Spaces inspections at the monthly Safety meeting and make further recommendations as necessary. **·By what date the systemic**	

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			changes will be completed. The Facility requests an extension for correction of these deficiencies to 11/15/18 for the reason that unseasonable temperatures could pose a health/safety risk to those working in the attic spaces due to extreme temperatures in the attic space. The Plant Ops Director or his designee will make rounds each shift until corrections are complete. All staff will be educated on this procedure by 9/26/18.	