

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

PRINTED: 07/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155226		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/05/2023	
NAME OF PROVIDER OR SUPPLIER NORTH CAPITOL NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2010 N CAPITOL AVE INDIANAPOLIS, IN 46202			
(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 000}	<p>INITIAL COMMENTS</p> <p>A Fire Safety Evaluation (FSES) Survey and a 2nd Post Survey Revisit (PSR) to the 1st PSR that exited on 06/02/23 for the Life Safety Code Recertification and State Licensure Survey that exited on 04/04/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 07/05/23</p> <p>Facility Number: 000131 Provider Number: 155226 AIM Number: 100274910</p> <p>At this FSES/PSR survey, North Capitol Nursing and Rehabilitation Center was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility was surveyed with Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This four story facility was determined to be of Type II (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident</p>			{K 000}			

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 000}	Continued From page 1 sleeping rooms. The facility has a total of 15 vent unit beds. Vent unit beds are located on the third floor in Rooms 319 through 326. The facility has a capacity of 123 and had a census of 65 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has one detached building providing facility storage services which was not sprinklered.	{K 000}			
{K 161} SS=F	Quality Review completed on 07/06/23 Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH)	{K 161}			

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{K 161}	<p>Continued From page 2</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.1. Table 19.1.6.1 requires a sprinklered building, four or more stories in height, to be Type II (222), Type I (332) or Type I (442). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director and the Director of Maintenance during a tour of the facility from 12:25 p.m. to 3:15 p.m. on 04/04/23, this four story sprinklered building was constructed of unprotected steel and was determined to be Type II (000) construction. The interior load bearing wall above the suspended ceiling above the north stairwell door by Room 203, Room 302 and Room 402 was unprotected. This results in a construction type classification of Type II (000). Based on interview at the time of</p>	{K 161}	<p>Correction obviated, Passed FSSES.</p>		

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{K 161}	<p>Continued From page 3</p> <p>the observations, the Executive Director and the Director of Maintenance stated there was no change in the construction type since the most recent Life Safety Code survey and agreed interior load bearing walls consisted of unprotected steel.</p> <p>Based on review of "Fire Safety Evaluation System (FSSES) for Health Care Occupancies" documentation dated 04/28/23 with the Executive Director and the Director of Maintenance during record review from 9:35 a.m. to 10:35 a.m. on 06/02/23, an FSSES was prepared for the facility to address the building construction type deficiency. Based on interview at the time of record review, the Executive Director stated the facility had the FSSES prepared to address the building construction type deficiency.</p> <p>Based on interview with the Executive Director from 9:00 a.m. to 9:25 a.m. on 07/05/23, there have been no revisions to the "Fire Safety Evaluation System (FSSES) for Health Care Occupancies" documentation dated 04/28/23 on or after 06/02/23.</p> <p>This finding was reviewed with the Executive Director during the exit conference.</p> <p>3.1-19(b)</p>	{K 161}			