

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155762	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 09/25/2019
NAME OF PROVIDER OR SUPPLIER FOREST PARK HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP COD 2401 SOUTH L ST RICHMOND, IN 47374		
(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. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey completed on 08/26/19 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/25/19</p> <p>Facility Number: 011387 Provider Number: 155762 AIM Number: 200853180</p> <p>At this PSR survey, Forest Park Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 70 certified beds. At the time of the survey the census was 57.</p> <p>Quality Review on 09/30/19</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey completed on 08/26/19 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/25/19</p> <p>Facility Number: 011387 Provider Number: 155762 AIM Number: 200853180</p>	K 0000		

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 0353 SS=B Bldg. 01	<p>At this PSR survey, Forest Park Health Campus was found in substantial 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 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, all areas open to the corridor and hard wired detectors in all resident sleeping rooms. The facility has a capacity of 70 and had a census of 57 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review on 09/30/19</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in 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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p>			

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	<p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 sprinkler heads in the laundry and 15 of 15 exterior sprinkler heads were not corroded. NFPA 25, 2011 Edition, Section 5.2.1.1.1 states sprinklers shall be free of corrosion. Furthermore, at Section 5.2.1.1.2, any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect staff in the laundry and up to 30 residents of the facility.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 09/25/19 at 10:45 a.m., on the soiled side of the laundry room, the two sprinkler heads above the washers showed signs of corrosion as the deflectors had a green discoloration and all of the fifteen exterior sprinkler heads had similar discoloration on the deflectors. Based on interview at the time of observation, the Director of Plant Operations indicated the sprinkler heads had been ordered and scheduled for replacement for October 16th, 2019 but was unable to provide any paperwork confirming the scheduled replacement installation.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 08/26/19. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	K 0353	The facility immediately scheduled to have this service completed, but could not gain an appointment until October 16. This project will be completed by October 16.	10/17/2019

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