

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

PRINTED: 05/25/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155620</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - 675 S FORD RD</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/12/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>ZIONSVILLE MEADOWS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>675 S FORD RD</b> <b>ZIONSVILLE, IN 46077</b>		
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K 000	<p>INITIAL COMMENTS</p> <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: 04/12/17</p> <p>Facility Number: 000538 Provider Number: 155620 AIM Number: 100267290</p> <p>At this Life Safety Code survey, Zionsville Meadows 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.</p> <p>This two story facility is a split level facility with each of the two floors exiting at ground level 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 sleeping rooms. The facility has a capacity of 185 and had a census of 136 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility storage services which was not sprinklered.</p> <p>Quality Review completed on 04/18/17 - DA</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 353 SS=F	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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> <p>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 This STANDARD is not met as evidenced by: Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1 states all valves shall be inspected weekly. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the</p>	K 353		5/15/17	

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K 353	Continued From page 2 authority having jurisdiction upon request. This deficient practice could affect all clients and staff in the facility.  Findings include:  Based on review of Integrated Electronics of Indiana's "Report of Inspection" documentation dated 01/16/2017, 10/25/2016, 07/18/2016 on 04/28/16 with the Maintenance Director during record review from 9:00 a.m. to 11:20 p.m. on 04/12/17, monthly sprinkler gauge inspection documentation on the wet sprinkler system for January, February, or March 2017 and April through December of 2016 was not available for review. In addition, weekly inspection documentation for all sprinkler system control valves was also not available for review. Based on interview at the time of record review and observation, the Maintenance Director acknowledged weekly control valves and monthly sprinkler system gauge check documentation for the aforementioned periods was not available for review.	K 353			
K 372 SS=B	3.1-19(b) NFPA 101 Subdivision of Building Spaces - Smoke Barrie  Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for	K 372		5/15/17	

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K 372	Continued From page 3 smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide at least a one half hour fire resistance rating. This deficient practice could affect employees only.  Findings include:  Based on observations with the Maintenance Director during a tour of the facility on 04/12/17 at 12:30 p.m., there were four of eight ceiling tiles in the television room inside the Maintenance office missing from the ceiling. The missing ceiling tiles were acknowledged by the Maintenance Director at the time of observation.	K 372			
K 741 SS=B	3.1-19(b) NFPA 101 Smoking Regulations  Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language	K 741		5/15/17	

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K 741	<p>Continued From page 4</p> <p>that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation and interview; the facility failed to enforce its smoking policy which allowed employees to smoke in their vehicles or off campus only. This deficient practice affects only staff.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 09:20 a.m. to 11:20 p.m. on 04/12/17, documentation of a facility smoking policy was available for review and stated that smoking for employees was only allowed in their vehicles or off campus. Based on observations upon arrival to the facility at 8:50 a.m. and a drive around of the facility, four employees were smoking in the rear of the facility near the receiving dock / emergency generator area. During the tour of the facility at 12:25 p.m. with the Maintenance Director while looking at the emergency generator, there was no fewer than 100 cigarette butts in the ground in the area. When asked if this was an authorized smoking area, the Maintenance Director said it was not.</p>	K 741			

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K 741	Continued From page 5 The Maintenance Director also stated that he has had numerous conversations with staff about not smoking in this particular area to no avail. The smoking in this unauthorized area was acknowledged by the Maintenance Director at the aforementioned time.	K 741			
K 923 SS=F	3.1-19(b) NFPA 101 Gas Equipment - Cylinder and Container Storage  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."	K 923		5/15/17	

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K 923	<p>Continued From page 6</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by:</p> <p>1) Based on observation and interview, the facility failed to ensure a minimum distance of at least five feet separated combustible materials from oxygen storage equipment in 1 of 1 oxygen storage areas. NFPA 99, 11.3.2.3 requires oxidizing gases such as oxygen shall be separated from combustibles by one of the following: (1) a minimum distance of 6.1 m (20 ft.) (2) a minimum distance of 1.5 m (5 ft.) five feet if the required storage location is protected by an automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. This deficient practice could affect any resident, staff or visitor in the vicinity of the oxygen storage and transfilling room.</p> <p>Findings include:</p> <p>Based on observation on 04/12/17 during the tour of the facility with the Maintenance Director at 12:20 p.m., two sets of wooden shelves approximately eleven feet in length were mounted on the oxygen transfilling room wall. Furthermore, stored on those shelves within the transfilling room were eight cardboard boxes full of medical supplies. All the previously mentioned items were stored within five feet of stationary liquid oxygen</p>	K 923			

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K 923	<p>Continued From page 7</p> <p>containers in the oxygen storage and transfilling room. Based on interview at the time of observation, the Maintenance Director acknowledged combustible materials were stored within five feet of stationary liquid oxygen containers.</p> <p>3.1-19(b)</p> <p>2) Based on observation and interview, the facility failed to ensure 1 of 1 areas used for transferring of oxygen was provided with continuous mechanical ventilation. This deficient practice could affect up to 8 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 12/19/16 at 12:55 p.m., the mechanical ventilation in the oxygen transfilling/storage room which contained six large stationary containers of liquid oxygen was not operational. This was confirmed by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p>	K 923			