

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

PRINTED: 08/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155758		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/20/2017	
NAME OF PROVIDER OR SUPPLIER ASBURY TOWERS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 102 W POPLAR ST GREENCASTLE, IN 46135			
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K 0000 Bldg. 02	<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: 07/20/17</p> <p>Facility Number: 001120 Provider Number: 155758 AIM Number: 200525120</p> <p>At this Life Safety Code survey, Asbury Towers 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 facility was located on the ground and first floors of a four story building, and surveyed as one building since the construction dates of the original building and an addition were built prior to March 1, 2003. The facility was determined to be of Type II (222) construction and was fully sprinklered. The facility identifies the ground floor as HCC Comprehensive</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 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 0353 SS=F Bldg. 02	<p>Care Unit 1 and the first floor as Comprehensive Care Unit II. The facility also has a partial basement. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. All resident rooms have battery powered smoke detection except rooms 9 through 22 on the south wing of the ground floor. Hard wired smoke detectors in resident rooms 117, 118, and rooms 9 through 22 alarm at the smoke detector only. The facility has a capacity of 48 and had a census of 35 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered except for the Electrical room on North wing hall on the ground floor.</p> <p>Quality Review completed on 07/24/17 - DA</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. a) Date sprinkler system last checked</p>						

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	<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</p> <p>Based on record review 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 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. 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 authority having jurisdiction upon</p>	K 0353	<p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>1. Immediate action(s) taken for the identified problem include:</p> <p>On 7/27/17 Maintenance Director implemented a monthly gauge inspection form (exhibit A). Maintenance designee visually inspected all 11 gauges on 7/27/17.</p> <p>2. Identification of similar occurrences of the problem</p>		07/27/2017		

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	<p>request. This deficient practice could affect all residents, staff, and visitors within the facility.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire and Safety's "Inspection and Test Report" documentation for the most recent twelve month period with the Maintenance Director during record review from 9:09 a.m. to 11:20 a.m. on 07/20/17, monthly wet sprinkler system gauge inspection documentation for 12 of the most recent 12 month period was not available for review. In addition, monthly inspection documentation for all sprinkler system control valves for 12 months of the most recent 12 month period was not available for review. Based on interview at the time of record review, the Maintenance Director acknowledged sprinkler system gauge and control valve inspection documentation for the aforementioned monthly periods was not available for review.</p> <p>3.1-19(b)</p>				<p>was accomplished by:</p> <p>Gauges will be read and documented on Exhibit A which was implemented on 7/27/17 and will be documented monthly thereafter. Exhibit A will be stored in a binder labeled Quarterly Room Inspections located in the maintenance department.</p> <p>3. Actions taken/systemic changes put into place to ensure deficient practice will not recur:</p> <p>The Maintenance Director re-educated the maintenance staff of the monthly monitoring and documenting of the 11 gauges on the form labeled Exhibit A on 7/27/17. Maintenance employees signed their name on Exhibit B stating they understand the monthly inspection form known as Exhibit A.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p>		

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K 0531 SS=B Bldg. 02	<p>NFPA 101 Elevators Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's</p>				<p>Gauges will be read and documented on Exhibit A on a monthly basis indefinitely during other round and system checks by maintenance designee.</p> <p>The Maintenance Director or designee will review each monthly checklist for completion and will perform a random check of at least 3 of the 11 valves monthly as an assurance measure.</p> <p>font="" color="#000000" size="3" <="" font="">Corrective action completion date: 7/27/17</p> <p>="" font=""></p>		

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	<p>Service is operated monthly with a written record.</p> <p>Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.)</p> <p>19.5.3, 9.4.2, 9.4.3</p> <p>Based on record review, interview and observation, the facility failed to maintain testing of 1 of 1 elevator firefighter recall in accordance with 9.4.6, Elevator Testing. LSC 9.4.6.2 states that all elevators with fire fighters' emergency operations in accordance with 9.4.3 shall be subject to a monthly operation with a written record of the findings made and kept on the premises as required by ASME A17.1/CSA B44, Safety Code for Elevators and Escalators. This deficient practice would affect staff only.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 07/20/17 at 10:40 a.m., documentation for the monthly firefighter recall testing was not</p>	K 0531	<p>Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.</p> <p>1. Immediate action(s)</p>	07/27/2017			

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	<p>available. Based on interview at the time of record review, the Maintenance Director acknowledged the lack of documentation.</p> <p>3.1-19(b)</p>			<p>taken for the identified problem include:</p> <p>The Maintenance Director implemented a form known as Exhibit A on 7/27/17. Exhibit A will be used to monitor and record the firefighters service test, phase I and phase II, on a monthly basis. This will be monitored by the Maintenance Director or designee but not limited to the use of outside resources.</p> <p>2. Identification of similar occurrences of the problem was accomplished by:</p> <p>Exhibit A was put in service on 7/27/17 to monitor and document the firefighters service test phase I and phase II, on a monthly basis, and will be monitored and documented thereafter.</p> <p>3. Actions taken/systemic changes put into place to ensure deficient practice will not recur:</p> <p>On 7/27/17 the Maintenance Director re-educated the</p>			

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				<p>maintenance staff of the monthly monitoring and documenting of the firefighter's service test phase I and phase II on Exhibit A. Maintenance Director implemented a form known as Exhibit B. All maintenance staff were in attendance and understand that by signing Exhibit B, they are aware of the monthly firefighter's service test phase I and phase II and monitoring and documenting it on the form known as Exhibit A, which will be kept in the South elevator mechanical room or maintenance office.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</p> <p>Outside resource, Maintenance Director or designee will perform a monthly firefighters service test phase I and phase II on a monthly basis while completing other monthly rounds and system checks throughout the building and will continue to do so</p>			

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					thereafter. Corrective action completion date: 7/27/17 ="" font="">		