

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/19/2017
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NAME OF PROVIDER OR SUPPLIER LINCOLN HILLS OF NEW ALBANY	STREET ADDRESS, CITY, STATE, ZIP CODE 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150
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K 0000 Bldg. 01	<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: 01/19/17</p> <p>Facility Number: 000321 Provider Number: 155614 AIM Number: 100286130</p> <p>At this Life Safety Code survey, Lincoln Hills of New Albany 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 one story facility was determined to be Type II (111) construction and fully sprinkled. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 156 and had a census of 127 at the time of this survey.</p>	K 0000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, the response and plan of correction constitutes Lincoln Hills Health Center's allegation of compliance in accordance with Section 7305 in the State Operations Manual.	

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 0345 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a detached wooden storage garage and a wooden storage shed which were not sprinkled.</p> <p>Quality Review completed on 01/23/17 - DA</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to ensure the documentation for the annual testing of 1 of 68 smoke detectors was complete. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, at 7.3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies, which requires fire alarm</p>	K 0345	<p>In compliance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code the facilities fire alarm system is tested and maintained with an approved program complying with these requirements.</p> <p>FASCO completed inspection and testing of front lounge (West lounge) on 1/24/17 and found it to be functioning appropriately.</p>	01/31/2017

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K 0351 SS=E Bldg. 01	<p>system devices such as smoke detectors be tested annually. This deficient practice could affect any resident, staff or visitor while in the front lounge and adjacent areas.</p> <p>Findings include:</p> <p>Based on record review on 01/19/17 at 12:30 p.m. with the Maintenance Supervisor present, during the most recent four quarterly fire alarm system inspections conducted on 04/12/16, 07/25/16, 10/17/16, and 01/06/17 there was no documentation available to show the smoke detector in the front lounge was inspected/tested visually and functionally. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the lack of documentation to show the smoke detector in the front lounge was inspected/tested.</p> <p>3.1-19(b)</p> <p>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 13, Standard for the Installation of Sprinkler</p>		<p>Maintenance Director and Maintenance Assistant have been in serviced regarding testing frequencies of smoke detectors and documentation thereof.</p> <p>Maintenance Director will review all reports of fire protection company (FASCO) upon completion of smoke detector testing to ensure that all smoke detectors have been inspected and tested visually and functionally at least annually. Any inconsistencies will be corrected immediately.</p> <p>Results of these reviews will be reported to the Quality Assessment and Assurance Committee on a quarterly basis. Administrator to monitor.</p>		

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	<p>Systems.</p> <p>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.</p> <p>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.</p> <p>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)</p> <p>1. Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 1 of 8 smoke compartments. This deficient practice could affect one resident plus staff while in the D-Hall shower room.</p> <p>Findings include:</p> <p>Based on observation on 01/19/17 at 2:10 p.m. during a tour of the facility with the Maintenance Supervisor, the Administrator and Assistant Administrator, the D-Hall shower room had a four foot long wall from floor to ceiling between the back shower stall and the outside wall. There was a two foot wide storage space between the stall wall and outside wall full of storage items. This two foot storage space area was not provided with sprinkler coverage. This</p>	K 0351	<p>In compliance with NFPA 13, Standard for Installation of Sprinkler Systems the facility does provide an automatic sprinkler system.</p> <p>On 1/27/17 Brown Sprinkler installed additional sprinkler head in the D hall shower room storage space between the stall wall and the outside wall.</p> <p>On 1/27/17 Brown Sprinkler capped a previously existing sprinkler head located in the H hall lounge to ensure 6 feet clearance between sprinkler heads.</p> <p>Maintenance Director and Maintenance Assistant were in serviced regarding regulation K 351-</p>	01/31/2017

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	<p>was acknowledged by the Maintenance Supervisor, the Administrator, and Assistant Administrator at the time of observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 8 smoke compartments had a complete automatic sprinkler system installed in accordance with NFPA 13, 2010 Edition, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, Section 8.6.3.4, "Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. In addition, LSC 4.6.7.5 requires existing life safety features that do not meet the requirements for new buildings, but exceed the requirements for existing buildings shall not be further diminished. This deficient practice could affect up to 21 residents, as well as staff and visitors in H-Hall.</p> <p>Findings include:</p> <p>Based on observation on 01/19/17 at 1:40 p.m. during a tour of the facility with the Maintenance Supervisor, the Administrator, and Assistant Administrator, the H-Hall Lounge had</p>		<p>Sprinkler Systems/Installation.</p> <p>Maintenance Director will ensure that if there any changes made in the current structure of the building, that an assessment will be completed regarding need for the installation and/or removal of sprinkler heads. Administrator to monitor.</p>	

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K 0353 SS=E Bldg. 01	<p>two sprinkler heads measured only three feet apart. Based on interview at the time of the observation, the Maintenance Supervisor, the Administrator, and Assistant Administrator acknowledged the distance between the sprinkler heads was less than six feet in distance apart from each other.</p> <p>3.1-19(b)</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> <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 Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 sprinkler system. NFPA 25, Standard for the Inspection, Testing, and Maintenance</p>	K 0353	In compliance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems the facility does document sprinkler system inspections.	01/31/2017

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	<p>of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet 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 13.1.1.2 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 request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 01/19/17 at 11:50 a.m. with the Maintenance Supervisor present, there was documentation available from Brown Sprinkler Company that quarterly sprinkler inspections were performed on 04/13/16, 07/25/16, 10/17/16 and 01/12/17. Monthly wet sprinkler system gauge inspection documentation for 8 months of the most recent 12 month</p>		<p>On 1/20/17 gauges on wet sprinkler system were inspected and found to be in good condition with normal water supply pressure maintained.</p> <p>Maintenance Director and Maintenance Assistant were in serviced regarding regulation K 353: Sprinkler System – Maintenance and Testing.</p> <p>Maintenance Director will ensure documentation of monthly sprinkler system inspections. Documentation will include findings related to the condition of sprinkler system gauges and control valves.</p> <p>Maintenance Director will report completion of monthly sprinkler system inspections to the Quality Assessment and Assurance Committee. Inconsistencies will be corrected immediately. Administrator to monitor.</p>	

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K 0781 SS=F Bldg. 01	<p>period was not available for review. In addition, monthly inspection documentation for all sprinkler system control valves for 8 months of the most recent 12 month period was also not available for review. Based on interview at the time of record review, the Maintenance Supervisor indicated the facility performs regular visual sprinkler system inspections but does not document sprinkler system gauge and system control valves inspections and acknowledged sprinkler system gauge and control valve inspection documentation for the aforementioned monthly periods was not available for review. Based on observations with the Maintenance Supervisor, the Administrator, and Assistant Administrator during a tour of the facility from 1:00 p.m. to 2:45 p.m. the facility had one wet system pressure gauge at the sprinkler riser.</p> <p>3.1-19(b)</p> <p>NFPA 101 Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8</p>			

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K 0918 SS=C Bldg. 01	<p>Based on record review, observation and interview; the facility failed to ensure a policy regarding the use of space heaters in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit was available. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on interview during record review on 01/19/17 at 12:35 p.m. with the Maintenance Supervisor, when asked, the Maintenance Supervisor said the facility does not have a policy regarding the use of portable space heaters particularly in employee areas. Based on observations between 1:00 p.m. and 2:45 p.m. two staff offices adjacent to the front lounge had portable space heaters. Neither was turned on, and one was unplugged.</p> <p>Based on interview at the time of observation, the Maintenance Supervisor said he was aware of the location of the portable space heaters, but was unaware a written policy was necessary.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing</p>	K 0781	<p>In compliance with NFPA 101 Portable Space Heaters the facility will ensure a policy regarding the use of space heaters in nonsleeping staff and employee areas is maintained in the facility Disaster Preparedness Plan.</p> <p>Facility developed and implemented policy regarding the use of portable space heaters.</p> <p>Maintenance Director and Administrative Staff were in serviced regarding policy.</p> <p>Administrator will review the facility Disaster Preparedness Plan quarterly to ensure compliance.</p>	01/31/2017

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	<p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to ensure documentation for 1 of 1 emergency generator included a 5 minute cool down period after a load test, plus a transfer time to the alternate power source on the monthly load tests for 11 of the past 12</p>	K 0918	In compliance with NFPA 101 Electrical Systems the facility will continue to ensure documentation for the emergency generator includes a 5 minute cool down period after load test, plus a transfer time to the alternate power source on the monthly load test.	01/31/2017

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	<p>months to ensure the alternate power supply was capable of supplying service within 10 seconds. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110, 6.4.2.1.5.9 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 01/19/17 at 10:45 a.m. with the Maintenance Supervisor present, the 2016 generator log form documented the generator was tested monthly for at least 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, and lacked documentation of a transfer time from normal power to emergency power. Both</p>		<p>Administrator will continue to review monthly load test documentation to ensure continued compliance. This will be completed during quarterly Quality Assessment and Assurance Committee meetings.</p>	

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	items were added to the 2017 generator log form and documented on 01/06/17. This was acknowledged by the Maintenance Supervisor at the time of record review. 3.1-19(b)				