

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155490	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 11/07/2018
NAME OF PROVIDER OR SUPPLIER AMBASSADOR HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP COD 705 E MAIN ST CENTERVILLE, IN 47330		
(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 conducted on 09/25/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/07/18</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</p> <p>At this Emergency Preparedness survey, Ambassador Healthcare 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 137 certified beds. At the time of the survey, the census was 123.</p> <p>Quality Review completed on 11/08/18 - DA</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/25/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/07/18</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</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 0372 SS=E Bldg. 01	<p>At this PSR survey, Ambassador Healthcare was found not in 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 two story facility with a partial basement was determined to be of Type V (111) construction and fully sprinkled except the second floor conference room closet. The Assisted Living portion of the building was surveyed because the occupancy separation doors did not contain latching hardware. The facility has a fire alarm system with smoke detection on all levels including the partial basement, the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 123 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the detached storage building and the detached walk in cooler and walk in freezer.</p> <p>Quality Review completed on 11/08/18 - DA</p> <p>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</p>			

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	<p>atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 2 of 8 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect staff and at least 48 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 11/07/18 between 11:54 a.m. and 12:11 p.m., the following was discovered:</p> <ul style="list-style-type: none"> a) a half inch gap around tubing in the resident room 117 attic smoke barrier b) a half inch gap around wires in the opposite side of the resident room 117 attic smoke barrier. Additionally, a three eighths inch gap around two separate HVAC tubing c) a half inch gap around wires in the resident room 202 attic smoke barrier. Additionally in the attic smoke barrier, a half inch gap around wires <p>Based on interview at the time of each observation, the Maintenance Supervisor acknowledged cell phone photos taken of the penetrations and provided the estimated measurements.</p> <p>3.1-19(b)</p>	K 0372	<p>I. On 11/8/2018 the maintenance supervisor sealed the areas located at room 117. The following were sealed: The 1/2" gap around the tubing in the attic smoke barrier. The 1/2" gap around wires in the opposite side of the room, and the 3/8" gap around the HVAC tubing. The 1/2" gap around the wires in room 202 attic smoke barrier were sealed that day. All areas were sealed with 3M Fire Barrier Sealant.</p> <p>II. The residents residing on North and South units are identified as having the potential to be affected.</p> <p>III. The corrective action will include: The facility will ensure all penetrations are sealed by approved material. Ongoing, the Administrator or designee will monitor for penetrations to ensure continued compliance. Additionally, the facility has contracted with an independent contractor to assess all smoke barriers for penetrations and compliance. The maintenance supervisor or designee will evaluate each smoke barrier for</p>	11/21/2018

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K 0000 Bldg. 02	<p>This deficiency was cited on 09/25/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/25/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/07/18</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</p> <p>At this PSR survey, Ambassador Healthcare was found not in 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</p>	K 0000	<p>penetrations after each installation or repair by alarm company, telephone, cable, plumbing, etc. The maintenance supervisor will report to Administrator any corrections or interventions to seal penetrations after the work is accomplished. Additionally, the maintenance supervisor or designee will evaluate the attic smoke barriers monthly for compliance.</p> <p>IV. Results of the monitoring will be reviewed during the Quality Assurance meetings. Monitoring will be ongoing.</p> <p>V. Completion date: 11/21/2018</p>	

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K 0000 Bldg. 03	<p>Association (NFPA) 101, Life Safety Code (LSC) Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility with a partial basement was determined to be of Type V (111) construction and fully sprinkled except the second floor conference room closet. The Assisted Living portion of the building was surveyed because the occupancy separation doors did not contain latching hardware. The facility has a fire alarm system with smoke detection on all levels including the partial basement, the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 123 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the detached storage building and the detached walk in cooler and walk in freezer.</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/25/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/07/18</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</p> <p>At this PSR survey, Ambassador Healthcare was</p>	K 0000		

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