

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

PRINTED: 12/10/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155740	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED  11/19/2018
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NAME OF PROVIDER OR SUPPLIER  TIMBERCREST CHURCH OF THE BRETHERN HOME	STREET ADDRESS, CITY, STATE, ZIP COD 2201 EAST ST NORTH MANCHESTER, IN 46962
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(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 09/28/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/26/18</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>At this PSR survey, Timbercrest Church of The Brethren Home was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 65 and had a census of 61 at the time of this survey.</p> <p>Quality Review completed on 11/27/18 - 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 09/28/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/26/18</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>At this PSR survey, timbercrest Church of The</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>Brethren Home 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 one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and areas open to the corridor. Battery operated smoke detectors were installed in the resident rooms on the 100, 200, 300 and 400 halls. The facility has a capacity of 65 and had a census of 61 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached maintenance garage.</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 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. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control</p>			

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	<p><b>system in REMARKS.</b></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 5 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. NFPA 101 2012 edition 19.3.7.3 requires smoke barriers to be constructed in accordance with LSC 8.5. 8.5.2.2 States smoke barriers required by this code shall be continuous from outside wall to outside wall, from floor to a floor, or from a smoke barrier to a smoke barrier, or by use of a combination thereof. 8.5.6.2 Requires penetrations for cable, conduit, pipe, or wire...of a smoke barrier assembly, shall be protected by a system or material capable of restricting the transfer of smoke. This deficient practice 30 residents in three smoke compartments.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Assistant on 11/26/18 between 12:20 p.m. and 12:30 p.m. the following smoke barrier walls had unsealed penetrations:</p> <p>a) Above the ceiling tiles of the 200 hall smoke barrier wall there were two unsealed quarter inch penetrations around pipes and a conduits.</p> <p>b) Above the ceiling tiles of the 300 hall smoke barrier wall there were three unsealed quarter inch penetrations around a pipes and a conduits.</p> <p>Based on interview at the time of observation, the Maintenance Assistant provided and agreed to the measurements of the unsealed penetrations.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 09/28/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	K 0372	<p>It is and always has been the intent of Timbercrest that our building and practices are compliant with the Life Safety Code, and that all areas of health care occupancy are separated and maintained to ensure 2 hour of fire resistance. Upon Post Survey Revisit on 11/26/18 a work order was issued to patch newly identified holes. Pictures prior to work order completion and at completion were taken as requested and are included with this POC. In addition to checking smoke/fire barriers on a monthly preventative maintenance schedule, the Director of Maintenance or designee will inspect smoke/fire barriers after completion of work by contractors in these areas.</p> <p>Compliance Date: 12/06/2018.</p> <p>Timbercrest requests desk review/paper compliance for plan of correction submitted for K0372.</p>	12/06/2018

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