

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>03</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2021
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NAME OF PROVIDER OR SUPPLIER SOUTHFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 6450 MIAMI CIR SOUTH BEND, IN 46614
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K 0000 Bldg. 03	<p>A Life Safety Code Pre-Occupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/05/2021</p> <p>Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930</p> <p>At this Life Safety Code survey, Southfield Village, 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The hard-wired smoke detection in the resident sleeping rooms is not supervised by the fire alarm system. The facility is connected to a three story Assisted Living facility, from which it is separated by a Fire Wall with a 2-Hour Fire Resistive Rating. The Healthcare facility is fully protected by a diesel powered 200 kW generator.</p> <p>This Pre-Occupancy survey focused on a one-story addition for use by both residential and comprehensive care residents at the north end of the building, built in 2020. The addition was determined to be of Type II (000) construction and</p>	K 0000	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This plan 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.	
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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 0321 SS=E Bldg. 03	<p>includes a gym, three treatment rooms, kitchenette, waiting room and support spaces. The addition is separated from the original building by a fire/smoke wall with a 1-hour Fire Resistive Rating. The facility has a capacity of 60 and a census of 52.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/09/21</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 New Hazardous areas are protected in accordance with 18.3.2.1. The areas shall be enclosed with a 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows (in accordance with 8.7.1.1). Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, and 8.4. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 18.3.2.1, 7.2.1.8, 8.4, 8.7, 9.7</p> <p>Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons)</p>				

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	<p>f. Combustible Storage Rooms/Spaces (over 50 and less than 100 square feet) g. Combustible Storage Rooms/Spaces (over 100 square feet) h. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 hazardous areas such as fuel-fired heater rooms, laundry rooms larger than 100 square feet in size, soiled linen rooms, and combustible storage rooms over 50 square feet were protected in accordance with LSC Section 18.3.2.1. Section 18.3.2.1 states that any hazardous areas shall be safe-guarded by a fire barrier having a 1-hour fire-resistive rating and shall be provided with an automatic extinguishing system in accordance with Section 8.7.1. This deficient practice could affect all persons in the addition.</p> <p>Findings include:</p> <p>During a facility tour with the Maintenance Technician on 04/05/2021 at 2:00 p.m., the mechanical room was found to contain fuel-fired heating equipment. The west wall of the room had three unsealed penetrations. 1) A 1/2 inch annual gap around sprinkler piping. 2) Two areas where drywall joints were not properly sealed, and a 1/4-inch gap was visible. Based on interview at the time of observation, the Maintenance Technician agreed that there were unsealed penetrations in the wall.</p> <p>This deficient finding was reviewed with the Executive Director at the time of exit.</p> <p>3.1-19(b)</p>	K 0321	<p>The penetrance have been sealed using an appropriated fire stop material.</p> <p>An inspection of the new addition was completed and no other penetrations could be found.</p> <p>If any future work is done in this area that may lead to creating any new penetrations, Maintenance will inspect the area and repair if necessary.</p> <p>The Environmental Enrichment quality improvement committee is responsible to carry out the plan of correction.</p>	04/16/2021

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K 0372 SS=E Bldg. 03	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 NEW Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems. 18.3.7.3, 18.3.7.4, 18.3.7.5, 8.3 Describe any mechanical smoke control system in REMARKS. Based on observations and interview, the facility failed to ensure the smoke barriers in 1 of 1 floor/ceiling smoke barrier was constructed to provide at least a one half hour fire resistance rating. LSC Section 8.5.2.1 requires smoke barriers to be continuous from an outside wall to an outside wall, from a 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 cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the movement of smoke. This deficient practice could affect all persons in the therapy addition.</p> <p>Findings include: During a facility tour with the Maintenance</p>	K 0372	<p>The penetrance have been sealed using an appropriated fire stop material.</p> <p>An inspection of the new addition was completed and no other penetrations could be found.</p> <p>If any future work is done in this area that may lead to creating any new penetrations, Maintenance will inspect the area and repair if necessary.</p> <p>The Environmental Enrichment quality improvement committee is responsible to carry out the plan of correction.</p>	04/16/2021	

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

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	<p>Technician on 04/05/2021 at 2:20 p.m. a 2-inch unsealed penetration was observed in the floor/ceiling assembly of the connecting corridor between the original building and the therapy addition. Based on interview at the time of observation, the Maintenance Technician agreed that there was an unsealed penetration in the ceiling drywall.</p> <p>This deficient finding was reviewed with the Executive Director at the time of exit. 3.1-19(b)</p>			