

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/22/2016
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NAME OF PROVIDER OR SUPPLIER  TIMBERCREST CHURCH OF THE BRETHERN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 EAST ST NORTH MANCHESTER, IN 46962
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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: 08/22/16</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>At this Life Safety Code survey, Timbercrest Church of Brethren Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 and 400 halls was surveyed with Chapter 19, Existing Health Care Occupancies</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.</p>	K 0000		
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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 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 0011 SS=E Bldg. 01	<p>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 55 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>Quality Review completed on 08/24/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and shall be protected by approved self-closing fire doors with at least 1 1/2 hour fire resistance rating 18.1.1.4.1, 18.1.1.4.2, 18.2.3.2, 19.1.1.4.1, 19.1.1.4.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire barriers to nonconforming buildings were protected by a complete two hour fire wall. This deficient practice could affect 10 residents in the 400 hall.</p> <p>Findings include:</p>	K 0011	<p>1.K-011 It is, and always has been the intent of Timbercrest that all common walls that are considered a fire barrier have atleast a two hour fire resistance rating constructed of materials as required for the addition.</p> <p>Immediate corrective action taken to ensure fire barrier met the two hour rating is firestop 814 caulk was ordered. Timbercrest issued</p>	09/21/2016	

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K 0056 SS=E Bldg. 01	<p>Based on observation during a tour of the facility with the Director of Maintenance on 08/22/16 at 1:10 p.m., above the ceiling tiles in the firewall which separates the Health Care building from the Independent Living building contained two unsealed fourth of an inch penetrations around pipes and an unsealed two inch pipe sleeve containing wires. Based on interview at the time of observation, the Director of Maintenance acknowledged and proved the measurement for the penetrations.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13</p> <p>Based on observation and interview, the</p>	K 0056	<p>awork order for holes to be caulked, upon receiving caulk.</p> <p>2.All other fire barriers were inspected duringthe Life Safety Survey process, not other area of concerns was identified.</p> <p>3.Monthly inspection of all fire barriers wasentered into work order system as a preventive maintenance tasks.</p> <p>4.The Director of Maintenance or designee willaudit inspections. Audits will be conducted monthly for 3 months, if any audits should be reveal a compliance rate of less than 95%, auditing will return to aweekly basis until 95% is obtained. Audit results will be reported through Timbercrest's QAPI process duringQAPI-safety.</p> <p>5.Compliance Date: 9/21/2016. Timbercrest requestsdesk review/ paper compliance for plan of correction submitted for K011.</p>	09/21/2016	

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K 0067 SS=F Bldg. 01	<p>facility failed to ensure 2 of 2 sprinkler heads in the 400 hall were separated by at least six feet as required by NFPA 13. NFPA 13 Section 5-6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect 10 resident in the 400 hall.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Maintenance on 08/22/16 at 12:40 p.m., in the 400 hall by the smoke doors there two sprinkler heads located five feet apart. Based on interview, the measurement was given and acknowledged by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1,</p>		<p>been the intent of Timbercrest that all our facility is protected throughout by an approved, supervised automatic sprinkler system. Immediate corrective action to ensure sprinklers were separated by 6 feet is an email was sent to Shambaugh requesting sprinkler to be moved. Timbercrest is scheduled for service on September 13th.</p> <p>2. All other sprinklers were inspected during the Life Safety Survey process, not other area of concerns was identified.</p> <p>3. Monthly inspection of all sprinklers was entered into work order system as a preventive maintenance tasks.</p> <p>4. The Director of Maintenance or designee will audit inspections. Audits will be conducted monthly for 3 months, if any audit should be reveal a compliance rate of less than 95%, auditing will return to a monthly basis until 95% is obtained. Audit results will be reported through Timbercrest's QAPI process during QAPI-safety.</p> <p>5. Compliance Date: 9/21/2016. Timbercrest requests desk review/ paper compliance for plan of correction submitted for K056.</p>		

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	<p>9.2, NFPA 90A, 19.5.2.2</p> <p>Based on record review, observation, and interview, the facility failed to provide 1 of 1 fire damper inspections to show dampers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Director of Maintenance on 08/22/16 at 10:30 a.m., the inspection records for the facility's fire dampers stated the last inspection was conducted in April of 2011. Based on interview during records review, the Director of Maintenance acknowledged the last damper inspection took place in April of 2011 and was past</p>	K 0067	<p>1.K-067 It is, and always has been the intent of Timbercrest that all our heating, ventilating and air conditioning comply with the provisions set forth in section 9.2 of the NFPA. Immediate corrective action to ensure inspections occurred every 4 years, was an email was sent to Current Family Fire Protection requesting an inspection. Timbercrest is scheduled for a damper inspection on September 20th.</p> <p>2.No other concerns regarding this standard were identified during the inspection of our system during the Life Safety Survey.</p> <p>3.A yearly task as been entered into our workorder system for the Director of Maintenance to ensure inspections are scheduled at least every 4 years as required.</p> <p>4.The Director of Maintenance or designee will email the Associate Administrator annual once completed with the next scheduled date. The Associate Administrator will announce to the QAPI steering committee.</p> <p>5.Compliance Date: 9/21/2016. Timbercrest requests desk review/ paper compliance for plan of correction submitted for K067.</p>	09/21/2016	

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K 0000 Bldg. 02	<p>due.</p> <p>3.1-19(b)</p> <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: 08/22/16</p> <p>Facility Number: 000448 Provider Number: 155740 AIM Number: 100275140</p> <p>At this Life Safety Code survey, Timbercrest Church of Brethren Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The new section of the building consisting of the kitchen, main dining room and the Crestwood hall was surveyed with Chapter 18, New Health Care Occupancies</p> <p>This one story facility with a basement</p>	K 0000		

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K 0067 SS=F Bldg. 02	<p>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, in areas open to the corridor and in the resident rooms in Crestwood. The facility has a capacity of 65 and had a census of 55 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>Quality Review completed on 08/24/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2, NFPA 90A, 18.5.2.2, 19.5.2.2</p> <p>Based on record review, observation, and interview, the facility failed to provide 1 of 1 fire damper inspections to show dampers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for</p>	K 0067	<p>1.K-067 It is, and always has been the intent of Timbercrest that all our heating, ventilating and air conditioning comply with the provisions set forth in section 9.2 of the NFPA. Immediate corrective action to ensure inspections occurred every 4 years, was an email was sent to Current Family Fire Protection requesting an inspection. Timbercrest is scheduled for</p>	09/21/2016

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	<p>the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Director of Maintenance on 08/22/16 at 10:30 a.m., the inspection records for the facility's fire dampers stated the last inspection was conducted in April of 2011. Based on interview during records review, the Director of Maintenance acknowledged the last damper inspection took place in April of 2011 and was past due.</p> <p>3.1-19(b)</p>		<p>adamper inspection on September 20th.</p> <p>2.No other concerns regarding this standard were identified during the inspection of our system during the Life Safety Survey.</p> <p>3.A yearly task as been entered into our workorder system for the Director of Maintenance to ensure inspections arescheduled at least every 4 years as required.</p> <p>4.The Director of Maintenance or designee will emailthe Associate Administrator annual once completed with the next scheduled date.The Associate Administrator will announce to the QAPI steering committee.</p> <p>5.Compliance Date: 9/21/2016. Timbercrest requestsdesk review/ paper compliance for plan of correction submitted for K067.</p>		