

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155843	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2017
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 INDUSTRIES ROAD RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
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: 04/12/17</p> <p>Facility Number: 013635 Provider Number: 155853 AIM Number: NA</p> <p>At this Life Safety Code survey, The Springs of Richmond 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 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 of type V (111) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 70 and had a census of 49 at the time of this visit.</p>	K 0000	We respectfully request a desk review to obtain compliance for the Life Safety Survey conducted on April 12, 2017.	

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 0353 SS=F Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 04/18/17 - DA</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</p> <p>Based on record review, observation and interview, the facility failed to document monthly sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe</p>	K 0353	The Director of Plant Operations or Designee will document monthly sprinkler inspections upon completion. Documentation will be verified and followed in QAA monthly for six months to ensure completion of inspection and proper documentation in accordance with NFPA 25.	05/12/2017

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	<p>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 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review with the director of plant operations on 04/12/17 at 9:35 a.m., the Hydro Fire Protection Inc. Reports of quarterly sprinkler inspections dated 02/02/17, 10/28/16, 07/22/16 and 04/25/16, indicated the Service Hall sprinkler riser room six sprinkler gauges and two sprinkler system control valves were visually inspected during each quarterly inspection. Based on an interview with the director of plant operations on 04/12/17 at 9:45 a.m., it was indicated the facility does not perform monthly inspections on the six sprinkler system gauges or two control valves. They are visually inspected during the quarterly sprinkler inspections.</p>				

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K 0372 SS=E Bldg. 01	<p>The lack of monthly sprinkler gauge and control valve inspections was acknowledged by the director of plant operations at the time of record review and acknowledged by the administrator at the exit conference on 04/12/17 at 1:12 p.m.</p> <p>3.1-19 (b)</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.</p> <p>19.3.7.3, 8.6.7.1(1) 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 1 of 8 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier.</p> <p>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.</p>		K 0372	<p>The Director of Plants Operations or Designee will complete necessary repairs to ensure the penetration of wire and conduit through smoke barriers is protected to maintain smoke resistance. Repairs will be completed by May 12, 2017. The DPO or Designee will conduct audits to ensure smoke resistance of each smoke barrier monthly for six months.</p>	05/12/2017

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K 0374 SS=E Bldg. 01	<p>This deficient practice could affect 20 residents who reside on the 100 Hall.</p> <p>Findings include:</p> <p>Based on observation with the director of plant operations on 04/12/17 at 12:50 p.m., the attic smoke barrier wall at the 100 Hall had three, one half inch gaps around a sewer pipe penetrations, sprinkler pipe penetration and water pipe penetration not fire stopped. This was verified by the director of plant operations at the time of observation and acknowledged by the administrator at the exit conference on 04/12/17 at 1:12 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.</p> <p>19.3.7.6, 19.3.7.8, 19.3.7.9</p>			Audits will be reviewed monthly in QAA.	

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K 0712 SS=F Bldg. 01	<p>Based on observation and interview, the facility failed to ensure 1 of 8 sets of smoke barrier doors would restrict the movement of smoke for at least 20 minutes. LSC, Section 19.3.7.8 requires that doors in smoke barriers shall comply with LSC, Section 8.5.4. LSC, Section 8.5.4.1 requires doors in smoke barriers to close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch to restrict the movement of smoke. This deficient practice affects 29 residents who reside on the 200 Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/12/17 at 11:50 a.m. with the director of plant operations, the 200 Hall set of smoke barrier doors had a one inch gap along the center where the doors came together in the closed position. This was verified by the director of plant operations at the time of observation and acknowledged by the administrator at the exit conference on 04/12/17 at 1:12 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency</p>		K 0374	<p>The Director of Plant Operations or Designee will make repairs to said barrier doors to ensure compliance with LSC, Section 19.3.7.8. Repairs will be completed by May 12, 2017. The DPO or Designee will audit smoke barriers monthly for six months to ensure continued compliance. Audits will be reviewed monthly in QAA.</p>	05/12/2017

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	<p>fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills on 1 of 3 shifts and 1 of 4 quarters over the past year. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the Record of Fire Drill Reports on 04/12/17 at 9:26 a.m. with the director of plant operations, there was no record of a fire drill conducted on the second shift for the second quarter of the year 2016. Based on an interview with the director of plant operations at the time of record review, there was no other evidence available for review to indicate a fire drill was conducted on second shift for the second quarter of the year 2016. This was verified by the director of plant operations at the time of record review</p>	K 0712	<p>The Director of Plant Operations or Designee will ensure quarterly fire drills are scheduled on each shift for each quarter. DPO or Designee will document drills upon completion, and documentation will be reviewed for accuracy and compliance monthly in QAA for three months.</p>	05/12/2017

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K 0918 SS=F Bldg. 01	<p>and acknowledged by the administrator at the exit conference on 04/12/17 at 1:12 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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. 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</p>				

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	<p>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 observation and interview, the facility failed to ensure 1 of 1 emergency generator location was provided with a battery backup light in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition.</p> <p>NFPA 110, Chapter 7.3.1 requires the Level 1 or Level 2 EPS equipment location (s) shall be provided with battery-powered emergency lighting.</p> <p>This requirement shall not apply to units located outdoors in enclosures that do not include walk-in access. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 04/12/17 at 12:20 p.m. with the director of plant operations, the outside emergency generator was located in an enclosed fenced location. Furthermore, the enclosed location lacked a battery operated emergency light. This was verified by the director of plant operations at the time of observation and acknowledged by the administrator at the exit conference on 04/12/17 at 1:12 p.m.</p> <p>3.1-19(b)</p>	K 0918	<p>The Director of Plant Operations or Designee will install a battery backup light in the emergency generator location in accordance with NFPA 110. Installation will be complete by May 12, 2017 to ensure compliance.</p>	05/12/2017