

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155156	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER APERION CARE ARBORS MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP COD 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360		
(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
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 02/01/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/03/18</p> <p>Facility Number: 000076 Provider Number: 155156 AIM Number: 100271060</p> <p>At this PSR survey, Aperion Care Arbors of Michigan City 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 180 certified beds. At the time of the survey, the census was 111.</p> <p>Quality Review completed on 04/04/18 - 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 02/01/18 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/03/18</p> <p>Facility Number: 000076 Provider Number: 155156 AIM Number: 100271060</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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155156	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER APERION CARE ARBORS MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP COD 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360		
(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
K 0372 SS=E Bldg. 01	<p>At this PSR survey, Arbors at Michigan City 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 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, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 180 and had a census of 111 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.</p> <p>Quality Review completed on 04/04/18 - 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 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)</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155156	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER APERION CARE ARBORS MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP COD 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360		
(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
	<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 9 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 66 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 04/03/18 at 3:00 p.m., the four inch gap inside conduit in the attic smoke barrier near resident room 214 was sealed with an orange colored expandable foam. Based on observation and interview on 04/03/18 at 3:43 p.m., the Maintenance Director provided the can of spray foam he used to seal the penetration in the attic smoke barrier wall near resident room 214 as well as the six inch by ten inch penetration in the attic smoke barrier near resident room 202. The Maintenance Director agreed the 3M Fire Block Foam met the requirements for ASTM 84 and not ASTM 814.</p> <p>This deficiency was cited on 02/01/18. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>	K 0372	<p>The Facility requests paper compliance for this citation.</p> <p>This Plan of Correction is the center's credible allegation of compliance</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>1) Immediate actions taken for those residents identified: The penetrations identified have been sealed with the appropriate flame resistant caulk, pictures provided</p> <p>2) How the facility identified other residents: No residents were affected</p> <p>3) Measures put into place/</p> <p>Maintenance will audit quarterly for penetrations in residents rooms thru the attic. maintenance will</p>	04/13/2018

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155156	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER APERION CARE ARBORS MICHIGAN CITY			STREET ADDRESS, CITY, STATE, ZIP COD 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360	
(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)
				also monitor the work of vendors to assure new penetrations are filled according to these same standards. 4.) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.