	R MEDICARE & MEDI				OMB NO. 0938-0391
	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING	01	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	155614	B. WING		12/10/2015
NAME OF	PROVIDER OR SUPPLIE	R	STREET	1	
LINCOLI	N HILLS OF NEW A	ALBANY		OUNTRY CLUB DRIVE LBANY, IN 47150	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
0000					
Bldg. 01					
	A Life Safety C	ode Recertification and	K 0000	Preparation and execution of	
	State Licensure	Survey was conducted by		response and plan of correcti	
	the Indiana Stat	e Department of Health in		does not constitute an admiss or agreement by the provider	
		n 42 CFR 483.70(a).		the truth of the facts alleged of	
				conclusions set forth in the	
	Survey Date: 1	2/10/15		statement ofdeficiencies. The	e
	Survey Date. 1	2/10/15		plan of correction is prepared	
	Essility Normha			and/or executed solely becau	ise it
	Facility Numbe			is required by the provisions	
	Provider Numb			offederal and state law. For purpose ofany allegation that	the
	AIM Number:	100286130		facility is not in substantial	
				compliance with federal	
	At this Life Saf	ety Code survey, Lincoln		requirements of participation,	the
	Hills of New A	lbany was found not in		response and plan of correcti	
	compliance with	h Requirements for		constitutes Lincoln Hills Heal	
	Participation in	Medicare/Medicaid, 42		Center's allegation of complia in accordance with Section 7	
	CFR Subpart 48	33.70(a), Life Safety from		in the State Operations Manu	
	· ·	00 edition of the National			
	Fire Protection	Association (NFPA) 101,			
		le (LSC), Chapter 19,			
		Care Occupancies and			
	410 IAC 16.2.	Care Occupancies and			
	410 IAC 10.2.				
	This one story f	acility was determined to			
	-	-			
) construction and fully			
	-	facility has a fire alarm			
	-	oke detection in the			
	-	s open to the corridors			
		rated smoke detectors in			
	all resident slee	ping rooms. The facility			
	has a capacity of	f 152 and had a census of			
	132 at the time	of this survey.			
		-			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED:

12/22/2015

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

AND PLAN OF CORRECTION IDENTI		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614	A. BUILDING B. WING	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING		(X3) DATE SURVEY COMPLETED 12/10/2015	
	PROVIDER OR SUPPLIE		326	EET ADDRESS, CITY, STATE, ZIP (COUNTRY CLUB DRIVE V ALBANY, IN 47150	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE	
< 0025 SS=E Bldg. 01	access were spr providing facili sprinkled. The wooden storage storage shed wh Quality Review by Lex Brashea NFPA 101 LIFE SAFETY CO Smoke barriers a least a one half h accordance with terminate at an a protected by fire- glass panels and of two separate of on each floor. Da duct penetrations ducted heating, v conditioning syste 19.1.6.3, 19.1.6.4 Based on obser- facility failed to barriers and 1 o were maintained hour fire resista practice could a reside on the A reside on the B reside on the D	facility has a detached garage and a wooden nich were not sprinkled. completed on 12/14/15 r, LSC Specialist DDE STANDARD re constructed to provide at our fire resistance rating in 8.3. Smoke barriers may trium wall. Windows are rated glazing or by wired steel frames. A minimum compartments are provided mpers are not required in a of smoke barriers in fully entilating, and air ems. 19.3.7.3, 19.3.7.5, wation and interview, the ensure 1 of 8 attic smoke f 1 ceiling smoke barrier d to provide a one half ncce rating. This deficient ffect 18 residents who Hall, 21 residents who Hall, 15 residents who Hall, 15 residents who Hall, 22 residents who Hall, and 26 residents	К 0025	In compliance with NF Safety Code Standard 19.3.7.3,19.3.7.5, 19. 19.1.6.4, smoke barrie constructed to provide one half hour fire resis rating in accordance w The orange expandab the ceiling of the kitch- room has been replac fire rated material. The holes have been repa fire rated material in a rooms noted. The smo wall in the East Hall at	I, 1.6.3, ers are e at least a stance vith 8.3. le foam in en electric ed with a e drywall ired using Il resident oke barrier	01/06/201	

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED	
		155614	B. WING		12/1	0/2015
NAME OF	PROVIDER OR SUPPLIE	R		ET ADDRESS, CITY, STATE, ZIP (CODE	
	N HILLS OF NEW			COUNTRY CLUB DRIVE V ALBANY, IN 47150		
						(175)
(X4) ID PREFIX		STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION S	RRECTION SHOULD BE	(X5) COMPLETIO
TAG		R LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
				been firestopped with		
	Findings includ	e:		material. All smoke ba		
				and ceilings throughout have been checked to		
	Based on obser	vations with the		there are no penetration		
		pervisor on 12/10/15		with additional repairs		
		The facility from 8:40		with fire rated material	las	
	•	m., the following ceiling		necessary. The Main		
	-	barriers were not fire		Director will ensure the		
		issing drywall, or were		barriers are fire stoppe fire rated material afte		
		h a non rated fire		completion of any wor		
	stopping materi			involves penetration o		
		electric room had five		barrier. The Maintena		
				will complete a month all smoke barrier walls	•	
		ions fire stopped with an		ceilings throughout the		
		ble foam. Based on an		ensure that there are		
	interview with t			penetrations noted wit		
	-	e time of observation, the		completed with a fire r		
		pervisor indicated there		material as necessary these audits will be re		
		ntation available for		the QualityAssessmer		
	-	ndable foam was a fire		Assurance Committee		
	rated material.			quarterly basis. Admi	nistrator to	
	b. Resident roo	oms A-1, A-2, A-3, A-4,		monitor.		
	A-5, A-6, A-7,	A-8, A-9, A-10, A-11,				
	A-12, A-13, A-	14, B-3, B-4, B-5, B-6,				
	B-7, B-8, B-9, I	B-10, B-11, B-12, B-13,				
	B-14, B-15, B-1	16, C-1, C-2, C-3, C-4,				
	C-5, C-6, C-7, 0	C-8, C-9, C-10, C-11,				
		, D-5, D-6, D-7, D-8,				
		E-3, E-4, E-5, E-6, E-7,				
		E-11, E-12, E-13, E-14,				
		2, H-3, H-4, H-5, H-6,				
		H-10, H-11, H-12, H-13,				
		had two, one half circular				
	-	l missing in the closet.				
	Based on an int	erview with the				1

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STATEME	R MEDICARE & MEDI NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614	A. BU	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING			OMB NO. 0938-039 [X3] DATE SURVEY COMPLETED 12/10/2015	
NAME OF 1	PROVIDER OR SUPPLIE	ER			ADDRESS, CITY, STATE, ZIP CODE			
	N HILLS OF NEW	AI BANY			UNTRY CLUB DRIVE LBANY, IN 47150			
(X4) ID	1	STATEMENT OF DEFICIENCIES	-	ID			(X5)	
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	F	COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	E	DATE	
	maintenance su	pervisor on 12/10/15 at						
	9:20 a.m., the f	acility ran new cable						
	television wirin	ig in all resident rooms						
	over the past ye	ear and extra drywall holes						
	were drilled and	d have not been repaired.						
		ll attic smoke barrier wall						
	above the drop	ceiling had a three inch						
	-	it penetration open on						
		e smoke barrier wall						
	which was not							
		etric room ceiling fire						
		on rated expandable foam,						
		Iall, C Hall, D Hall, E Hall						
		ular areas of drywall						
		e East Hall attic smoke						
		ectrical conduit not fire						
	-	erified by the maintenance						
		e time of observations and						
	-							
	-	by the administrator in						
	•	intenance supervisor at						
		ence on 12/10/15 at 12:55						
	p.m.							
	3.1-19(b)							
K 0062	NFPA 101							
SS=B		ODE STANDARD						
Bldg. 01		atic sprinkler systems are intained in reliable operating						
		e inspected and tested						
	periodically. 1	9.7.6, 4.6.12, NFPA 13,						
	NFPA 25, 9.7.5							
		vation and interview, the	K 0	062	In accordance with NFPA 101	7.6	01/06/201	
	-	o ensure 3 of over 300			Life Safety Code Standard, 19.7 4.6.12, NFPA 13, NFPA 25, 9.7			
	sprinklers cove	red in corrosion were	1		all required automatic sprinkler			

STATEME AND PLAN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155614		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING		(X3) DATE SURVEY COMPLETED 12/10/2015	
NAME OF	PROVIDER OR SUPPLIE	ER		REET ADDRESS, CITY, STATE, ZIP C	CODE	
LINCOL	N HILLS OF NEW	ALBANY		26 COUNTRY CLUB DRIVE EW ALBANY, IN 47150		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TA	FIX (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A	RRECTION HOULD BE APPROPRIATE	(X5) COMPLETIC DATE
(0147 SS=E Bldg. 01	replaced. LSC automatic sprin inspected, teste accordance with the Inspection, of Water-Based NFPA 25, 1998 any sprinkler sh painted, corrodu the improper or practice affects the laundry roo Findings includ Based on obser 10:15 a.m. with supervisor, the front of the was sprinklers in the were completel corrosion. This maintenance su observations an administrator ir supervisor at th 12/10/15 at 12:: 3.1-19(b) NFPA 101 LIFE SAFETY C Electrical wiring a	9.7.5 requires all kler systems shall be d and maintained in h NFPA 25, Standard for Testing, and Maintenance l Fire Protection Systems. B edition, 2-2.1.1 requires hall be replaced which is ed, damaged, loaded, or in tientation. This deficient laundry staff who work in m in the Service Hall. de: vation on 12/10/15 at the maintenance laundry room sprinkler in sh machines and the two e dryer lint clean out room y covered in green s was verified by the pervisor at the time of d acknowledged by the n training and maintenance e exit conference on		systems are continuou maintained in reliable condition and are inspi- tested periodically. The head in the laundry roo of the wash machines two sprinklers in the dr clean out room have b replaced. All sprinkler been checked to ensu there are no sprinkler I green corrosion noted. Maintenance Staff will sprinkler heads throug facility weekly x 4 wee monthly. Any inconsis be corrected immediat of these will be reporte Quality Assessment ar Assurance Committee quarterly basis. Admin monitor.	operating ected and e sprinkler om in front and the ryer lint een heads have re that heads with . The check all hout the ks and then stencies will rely. Results ed to the nd on a	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614	(X2) MULTIPLE C A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 12/10/2015
	PROVIDER OR SUPPLIE		326 C0	ADDRESS, CITY, STATE, ZIP CODE DUNTRY CLUB DRIVE ALBANY, IN 47150	
(X4) ID	-	STATEMENT OF DEFICIENCIES			(X5)
PREFIX TAG	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
	Based on obser- facility failed to location residen provided with g interrupter (GF0 electric shock. Health Care Fac locations as pat subject to wet c are present. Th fluids on the flo work area, eithe intimate to the p 517-20 Wet Loo receptacles and the area of the w ground-fault cirr protection. Not the contact resis electrical insula failure. This de affect 21 residen Hall, 18 residen Hall, 18 residen Hall, 18 residen Hall, the West I staff and the H Findings includ Based on obser- maintenance su during a tour of a.m. to 12:50 p.	vation and interview, the o ensure 48 of 76 wet at care areas were ground fault circuit CI) protection against NFPA 70, Article 517, cilities, defines wet ient care areas that are onditions while patients ese include standing for or drenching of the er of which condition is patient or staff. NFPA 70, cations, requires all fixed equipment within wet location to have cuit interrupter (GFCI) e: Moisture can reduce stance of the body, and tion is more subject to efficient practice could nts who reside on the B tts who reside on the B tts who reside on the C Hall staff, the East Hall Hall staff and visitors.	K 0147	In accordance with NFPA 107 Life Safety Code Standard an NFPA 70, National Electrical Code, 9.1.2, resident care are are provided with ground faul circuit interrupter protection against electric shock. The electric outlets in resident rooms A-1, A-2, A-3, A-4, A-5 A-6, A-7, A-8, A-9, A-10, A-17 A-12, A-13, A-14, A-15, and A-16 have been replaced with GFCI outlets. The electric out in resident rooms B-3, B-4, B- B-6,B-7, B-8, B-9, B-10, B-11 B-12, B-13, B-14, B-15 and B have been replaced with GFC outlets. In addition the electric outlets above the light fixtures each of these rooms has bee disabled. The electric outlets resident rooms C-1, C-2, C-3, C-4,C-5, C-6, C-7, C-8, C-9, C-10, C-11 and C-12 have bee replaced with GFCI outlets. T electric outlet in the West Hal clean utility room has been replaced with a GFCI outlet. T electric outlet in the West Hal activity room has been replaced with a GFCI outlet. The electric outlet in the East Hall nurse's station pantry has been replaced a GFCI outlet. The electric out in the H Hall nurses station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has been replaced with a GFCI out in the H Hall nurse station has	1 01/06/2010 eas t 01/06/200 eas t 01/06/200 eas t 01/06/200 eas t 01/06/200 eas t 01/06/20

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

XXUU21 Facility ID: 000321

If continuation sheet Page 6 of 8

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	LE CONSTRUCTION NG <u>01</u>	COM	TE SURVEY IPLETED
		155614	B. WING		12/*	10/2015
NAME OF	PROVIDER OR SUPPLIE	R		REET ADDRESS, CITY, STATE, ZIF		
				6 COUNTRY CLUB DRIVE		
LINCOL	N HILLS OF NEW	ALBANY	NE	W ALBANY, IN 47150		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFI	CROSS-REFERENCED TO TH	E APPROPRIATE	COMPLETIC
TAG		R LSC IDENTIFYING INFORMATION)	TAC	outlet. All electric out	lets in wet	DATE
		cles within two feet:		location resident care		
		resident rooms A-1, A-2,		been checked to ens		
		A-6, A-7, A-8, A-9, A-10,		are equipped with a		
		13, A-14, A-15 and A-16		with repairs complete		
		ectric outlet on the wall		necessary. The Main Staff have been inse		
		he bathroom hand wash		regarding replaceme		
	-	ound fault circuit		outlets in wet location		
	-	ne electric outlets.		care areas. Adminis	strator to	
		resident rooms B-3, B-4,		monitor.		
		B-8, B-9, B-10, B-11,				
		14, B-15 and B-16 each				
		outlet on the wall within				
		ne bathroom handwash				
		ctric outlet in the light				
	fixture two feet	above the bathroom hand				
	wash sink with	no ground fault circuit				
	interrupter on the	ne electric outlets.				
		ll, resident rooms C-1,				
	C-2, C-3, C-4, 0	C-5, C-6, C-7, C-8, C-9,				
	C-10, C-11 and	C-12 each had one				
	electric outlet o	n the wall two feet from				
	the bathroom ha	and wash sink with no				
	ground fault cir	cuit interrupter on the				
	electric outlets.					
	d. The West H	all clean utility room had				
	one outlet within	n two feet of the utility				
	wash tub with r	o ground fault circuit				
	interrupter on th	ne electric outlet.				
	e. The West Ha	all activity room had one				
	electric outlet w	vithin two feet of the				
	handwash sink	with no ground fault				
		er on the electric outlet.				
		l nurses' station pantry				
		outlet within two feet of				

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STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CO	NSTRUCTION	(X3) DATE	E SURVEY
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	01	COMPLETED	
		155614	B. WING			12/10/2015	
NAME OF	PROVIDER OR SUPPLIE	ER		STREET A			
					UNTRY CLUB DRIVE		
LINCOL	N HILLS OF NEW	ALBANY		NEW AL	_BANY, IN 47150		
X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			REFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		ink with no ground fault					
	-	ter on the electric outlet.					
	-	ll employee bathroom had					
	one electric outlet within two feet of the						
	handwash sink						
	circuit interrupt						
	h. The H Hall						
	electric outlet v						
	handwash sink	handwash sink with no ground fault					
	circuit interrupt						
	i. The H Hall r						
	restroom had or						
	two feet of the						
		cuit interrupter on the					
	electric outlet.	in the second					
		vation of the main					
		er panels throughout the					
		e maintenance supervisor					
		bservations, the circuit					
		e A Hall, B Hall, C Hall,					
		t Hall and H Hall were not					
	^	GFCI protection. This was					
		maintenance supervisor at					
	the time of obse						
	acknowledged						
	-	intenance supervisor at					
		ence on 12/10/15 at 12:55					
	p.m.						
	2 1 10(b)						
	3.1-19(b)						

XXUU21 Facility ID: 000321

If continuation sheet

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