

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 04/23/2024
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NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1901 TAYLOR RD COLUMBUS, IN 47203
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/23/2024</p> <p>Facility Number: 000543 Provider Number: 155471 AIM Number: NA</p> <p>At this Emergency Preparedness survey, Four Seasons Retirement Center 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 30 certified beds. At the time of the survey, the census was 13.</p> <p>Quality Review completed on 05/02/24</p>	E 0000		
K 0000 Bldg. 02	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/23/2024</p> <p>Facility Number: 000543 Provider Number: 155471 AIM Number: NA</p> <p>At this Life Safety Code survey, Four Seasons</p>	K 0000	Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State	

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 0100 SS=E Bldg. 02	<p>Retirement Center was found not in compliance with Requirements for Participation in Medicare, 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) and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all spaces open to the corridor and has hard wired smoke detection in all resident sleeping rooms. The facility has a capacity of 30 and had a census of 13 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.</p> <p>Quality Review completed on 05/02/24</p> <p>NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to maintain latching hardware on 1 of 1 smoke barrier doors in the 300 hall per 4.6.12.3. LSC 4.6.12.3 requires existing life safety features obvious to the public if not required by the Code, shall be either maintained or removed. This deficient practice could affect staff and residents in the smoke compartment.</p>	K 0100	<p>rules be determined through paper review.</p> <p>K 100 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of</p>	05/08/2024

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	<p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Environmental Services on 04/23/2024 between 10:45 AM and 12:00 PM, the smoke barrier door on the 300 hallway was unable to latch. Based on interview at the time of observation, the Director of Environmental Services agreed the smoke barrier door in the 300 hallway did not latch.</p> <p>This finding was reviewed with the Director of Environmental Services and the Executive Director at the exit conference.</p> <p>3.1-19(b)</p>		<p>Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for K 100 General Requirements - Other</p> <p>Corrective Actions Taken. On May 8th, 2024, the facility completed repairs to the North Hall (300 hall) smoke barrier doors. (see Attachment A – Work Order #43833)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the corrective actions outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. On May 8th, 2024, the Director of Environmental Services conducted a walkthrough of the facility to ensure there were no additional smoke barrier doors that needed repaired. (see Attachment B – Work Order #43835)</p> <p>Monitoring corrective actions. From this date forward, the facility will conduct monthly inspections for the period of one year to ensure all smoke barrier doors on North Hall (300 Hall) are in proper</p>	

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K 0341 SS=F Bldg. 02	<p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm annunciator panels was protected. NFPA 72, National Fire Alarm and Signaling Code Section 10.10.1 states a means for turning off activated alarm notification appliance(s) shall be permitted only if it complies with 10.10.3 through 10.10.7. Section 10.10.3 states the means shall be key-operated or located within a locked cabinet, or arranged to provide equivalent protection against unauthorized use. This deficient practice could affect all occupants.</p> <p>Findings include:</p>	K 0341	<p>working condition and operate normally. (see Attachment C - Scheduled Work Order #175)</p> <p>Date systemic changes will be completed May 8th, 2024.</p> <p>K 341 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper</p>	05/08/2024

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	<p>Based on observation on 04/23/2024 between 10:45 AM and 12:00 PM during a tour of the facility with the Director of Environmental Services, the fire alarm annunciator panel door had a key inserted into the lock. The annunciator panel was located in the lobby of the health care center where staff, residents, and visitors have access. Based on interview at the time of the observation, the Director of Environmental Services agreed there was a key in the lock of the annunciator panel and removed the key.</p> <p>This finding was reviewed with the Director of Environmental Services and the Executive Director at the exit conference.</p> <p>3.1-19(b)</p>		<p>review.</p> <p>Plan of correction for K 341 Fire Alarm System - Installation</p> <p>Corrective Actions Taken. On April 23rd, 2024, during the Life Safety Code Recertification Inspection and in the presents of the surveyor, the key inserted into the lock on the fire alarm annunciator located in the lobby of the health care center was removed by the Director of Environmental Services.</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the corrective actions outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. The facility has conducted an in-service with all relevant maintenance, receptions, and nursing staff to inform them of the new, non-public, location of the key to operate the fire alarm annunciator. (see Attachment D - In-service Fire Alarm Annunciator)</p> <p>Monitoring corrective actions. From this date forward, for the period of one year the facility will conduct weekly inspections to ensure that all fire annunciators are within a locked cabinet, or arranged to provide equivalent</p>	

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K 0345 SS=F Bldg. 02	<p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance</p> <p>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with LSC 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, Section 14.2.1.2.2 requires that system defects and malfunctions shall be corrected. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>During record review with the Director of Environmental Services on 04/23/2024 between 8:45 AM and 10:45 AM, the Alarm System Inspection from 04/15/2024 noted a deficiency regarding 12v7ah batteries. Based on interview at the time of record review, the Director of</p>	K 0345	<p>protection against unauthorized use. (see Attachment E - Scheduled Work Order #264)</p> <p>Date systemic changes will be completed May 8th, 2024.</p> <p>K 345 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for K 345 Fire Alarm System – Testing and Maintenance</p>	05/09/2024

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K 0351 SS=F	<p>Environmental Services denied knowledge of the report noting the deficiency and that it had not been addressed with him or fixed.</p> <p>This finding was reviewed with the Director of Environmental Services and the Executive Director at the exit conference.</p> <p>3.1-12(b)</p> <p>NFPA 101 Sprinkler System - Installation</p>		<p>Corrective Actions Taken. On April 23rd, 2024, the facility replaced the noted deficient 12v 7 ah batteries for the fire system. (see Attachment F – Work Order #43518)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the corrective actions outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. The facility has conducted an in-service with all relevant maintenance staff as to the importance of making noted repairs to the fire alarm system in a timely manner. (see Attachment G - In-service Work Repairs)</p> <p>Monitoring corrective actions. From this date forward, the facility will conduct a yearly test and/or replace the batteries for the Health Center fire alarm system to ensure the system is maintained in accordance with NFPA 70. (see Attachment H – Scheduled Work Order #265)</p> <p>Date systemic changes will be completed May 9th, 2024.</p>	

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Bldg. 02	<p>Spinkler System - Installation 2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 lobby storage closets in accordance with LSC 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in Section 8.5.5.2 and Section 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect staff, visitors, and residents in the area.</p>	K 0351	<p>K 351</p> <p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for K 351 Sprinkler System - Installation</p>	05/10/2024
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K 0353 SS=F Bldg. 02	<p>Findings include:</p> <p>Based on observation on a tour of the facility on 04/23/2024 between 10:45 AM and 12:00 PM with the Director of Environmental Services, storage in the lobby storage closet was less than 18 inches from the ceiling. Based on interview at the time of observation, the Director of Environmental Services agreed there was storage less than 18 inches from the ceiling.</p> <p>This finding was reviewed with the Executive Director and Director of Environmental Services at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems</p>		<p>Corrective Actions Taken. On April 23rd, 2024, facility staff removed the office supplies obstructing the sprinkler head in the lobby storage closet. (see Attachment I – Picture of closet)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the corrective actions outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. The facility has conducted an in-service with all relevant office staff to inform them of the importance of keeping a proper distance from all sprinkler heads. (see Attachment J - In-service Sprinkler Clearance)</p> <p>Monitoring corrective actions. From this date forward, the facility will increase the frequency of its Sprinkler Head inspection from Quarterly to Bi-Monthly (see Attachment K - Scheduled Work Order #79)</p> <p>Date systemic changes will be completed May 10th, 2024.</p>	

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	<p>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>1. Based on observation and interview, the facility failed to maintain the ceiling construction in the the ceiling in room 108 near a sprinkler head and in the ceiling of the rehabilitation closet. NFPA 13, 2010 edition, Section 3.3.5.4 defines a smooth ceiling as a continuous ceiling free from significant irregularities, lumps, or indentations. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. Section 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect staff and residents in the area.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 04/23/2024 between 10:45 AM and 10:00 PM with the Director of Environmental Services, there was a penetration of .75 inches in the ceiling near a sprinkler head in room 108 and a penetration of 1</p>	K 0353	<p>K 353</p> <p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for K 353 Sprinkler System – Maintenance and Testing</p> <p>Corrective Actions Taken. On May 9th, 2024, the facility made repairs to the ceiling near the</p>	05/13/2024
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	<p>inch in the rehabilitation closet. Based on interview at the time of observation the Director of Environmental Services agreed there were penetrations and provided the measurements.</p> <p>This finding was reviewed with the Director of Environmental Services and Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 2 sprinkler heads in the 100 hall bathroom, 5 of 5 sprinkler heads on the 100 hall porch, and 1 of 3 sprinkler heads on the 200 hall bathroom which were covered with rust/corrosion were replaced. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect any resident, staff, or visitor while in these area.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 04/23/2024 between 10:45 AM and 12:00 PM with the Director of Environmental Services, 1 of 2 sprinkler heads in the 100 hall bathroom, 5 of 5 sprinkler heads on the 100 hall porch, and 1 of 3 sprinkler heads on the 200 hall bathroom. Based</p>		<p>sprinkler head in room 108 and a penetration in the rehabilitation closet. (see Attachment L - Work Order #43897) Also, on May 9th, 2024, the facility contracted with Koorsens Fire Security to replace the seven sprinkler heads identified as covered with rust/corrosion during the Life Safety Recertification. (see Attachment M - Koorsens Invoice.)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the corrective actions outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. On May 9th, 2024, the facility conducted an inspection of all ceiling areas to ensure compliance with NFPA 13 3.3.5.4 (see Attachment N – Work Order #43900) Also, on May 9th, 2024, the facility contracted with Koorsens Fire Security to inspect all other sprinkler heads at the facility to ensure compliance with NFPA 25, 2011 edition 5.2.1.1.1 (see Attachment O – Koorsens Invoice)</p> <p>Monitoring corrective actions. From this date forward, for the period of 24 months, the facility will conduct a monthly inspection of all ceiling surfaces to ensure compliance with NFPA 13, 2010</p>	

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K 0500 SS=F Bldg. 02	<p>on interview at the time of observation, the Director of Environmental Services agreed the sprinkler heads in these locations were covered with rust/corrosion.</p> <p>This finding was reviewed with the Director of Environmental Services and Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Building Services - Other Building Services - Other</p> <p>List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 fuel fired water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services during a tour of the facility on 04/23/2024 between 10:45 AM and 10:00</p>	K 0500	<p>3.3.5.4 (see Attachment P - Scheduled Work Order #268)</p> <p>Also, from this date forward, the facility will conduct quarterly inspections of all fire sprinkler heads to ensure compliance with NFPA 25, 2011 edition 5.2.1.1.1 (see Attachment Q – Scheduled Work Order #269)</p> <p>Date systemic changes will be completed May 13th, 2023.</p> <p>K 500 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p>	05/13/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/23/2024
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NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1901 TAYLOR RD COLUMBUS, IN 47203
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	<p>PM, the service water heaters identified as IN366336 had no Certificate of Inspection documentation. The documentation was not available for review. Based on interview at the time of the observation, the Director of Environmental Services attempted to obtain the documentation from the entity that completed the inspection of the water heater but was not successful and agreed the documentation was not available.</p> <p>This finding was reviewed with the Executive Director and the Director of Environmental Services at the exit conference.</p> <p>3.1-19(b)</p>		<p>Plan of correction for K 500 Building Services - Other</p> <p>Corrective Actions Taken. On April 23rd, 2024, the facility was able to obtain from Indiana Homeland Security a new copy of the Boiler Pressure Vessel H Stamp 2 Year for the water heater identified as IN366336 (see Attachment R – Boiler Pressure Samp West Hall) and hung it in the room housing the water heater.</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the corrective actions outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. The facility has compiled a list of all water heaters at the facility, their Indiana Permit number, and the expiration date of those permits. (see Attachment S -Water Heaters Inspection Certificates)</p> <p>Monitoring corrective actions. From this date forward, the facility will conduct a yearly review to ensure compliance with NFPA 101 (see Attachment T - Scheduled Work Order #270)</p> <p>Date systemic changes will be completed May 13, 2024.</p>	

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NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1901 TAYLOR RD COLUMBUS, IN 47203
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K 0712 SS=F Bldg. 02	<p>NFPA 101 Fire Drills Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 1 of 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and residents.</p> <p>Findings include:</p> <p>Based on record review of the fire drill reports with the Executive Director and Director of Environmental Services on 04/23/2024 between 8:45 AM and 10:45 AM, there was no documentation for a third quarter second shift fire drill. Based on interview at the time of record review, the Director of Environmental Services agreed there was no documentation for the third quarter second shift.</p> <p>This finding was reviewed with the Executive Director and the Director of Environmental Services at the exit conference.</p>	K 0712	<p>K 712 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for K 712 Fire Drills</p> <p>Corrective Actions Taken. On May 13th, 2024, the facility updated its Health Center Yearly Fire Drill Records sheet to reflect</p>	05/13/2024
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/23/2024
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NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1901 TAYLOR RD COLUMBUS, IN 47203
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	3.1-19(b) 3.1-51(c)		<p>correct shift time to ensure compliance with NFPA 101 (see Attachment U – Health Center Yearly Fire Drill Record Sheet)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the corrective actions outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. The facility has conducted an in-service with all relevant maintenance staff to inform them of the updated changes to the Health Center Yearly Fire Drill Record sheet. (see Attachment V – In-Service Fire Drills)</p> <p>Monitoring corrective actions. From this date forward, the facility will continue to use the updated Health Center yearly Fire Drill Records sheet. (see Attachment W – Health Center Yearly Fire Drill Record sheet)</p> <p>Date systemic changes will be completed May 13, 2024.</p>	