

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155781	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/08/2014
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NAME OF PROVIDER OR SUPPLIER  MORNINGCREST NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 915 S 27 ST SOUTH BEND, IN 46615
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/08/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/08/14</p> <p>Facility Number: 012199 Provider Number: 155781 AIM Number: 200989880</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist and Brett Overmyer, Life Safety Code Specialist.</p> <p>At this PSR survey, Morningcrest Nursing and Memory Care Center was found in substantial 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type II (000) construction and was fully</p>	K010000		
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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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	<p>sprinklered with the exception of the kitchen janitor's closet. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the corridors, and hard wired smoke detectors in the resident rooms. The facility has a capacity of 32 and had a census of 10 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 with the exception of the kitchen janitor's closet.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/10/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010025 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation, record review and interview; the facility failed to ensure the passage of sprinkler pipe through 1 of 1 smoke barriers was protected to maintain the fire resistance of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so that the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect all residents as well as staff and visitors if smoke from a fire were to infiltrate the protective barriers.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Supervisor on 04/08/14</p>	K010025	F-025 ADDENDUM 1. The penetration areas have been filled with the a 3M product Fire Barrier CP 25WB that meets ASTM E814. 2. All residents have the potential to be affected by this deficient practice 3. These areas have been added to the Preventative Maintenance program. Maintenance will assess these areas on a quarterly schedule to assure continued compliance. 4. The PM program is reviewed at our quarterly QA meeting. If no issues have been identified after the second quarter the QA will be discontinued.	05/08/2014			

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	<p>at 11:15 a.m. to 12:15 a.m., there were four sprinkler pipe penetrations through the smoke barrier in the attic that were sealed with expandable foam which is not an approved material for maintaining the fire resistance of a smoke barrier. Based on record review and interview at the time of observation, the Maintenance Supervisor acknowledged the sprinkler pipe penetrations had been sealed with a fire rated expandable foam that was approved for residential use only.</p> <p>This deficiency was cited on 02/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			
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K010056 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system for 1 of 1 janitor's closets in the kitchen was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems to provide complete coverage for all portions of the building. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. This deficient practice could affect staff in the kitchen and residents, staff and/or visitors in the adjacent dining room.</p> <p>Findings include:</p> <p>Based on observation on 04/08/14 with the Maintenance Supervisor at 11:15 a.m. to 12:15 a.m., the kitchen janitor's closet</p>	K010056	F-0561. The sprinkler was installed in the kitchen janitor closet on April 11, 2014. 2. All residents have the potential to be affected by this deficient practice. 3.This area will now be included with the vendors quarterly inspection. The inspection reports will be reviewed by the maintenance supervisor. If areas are identified as non compliant in the report the maintenance supervisor will advise the administrator and then administrator will assure the repairs are addressed. 4. These reports will be reviewed at our monthly meeting as well as our quarterly QA meetings.	04/11/2014			

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	<p>lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the lack of sprinkler protection in the kitchen janitor's closet.</p> <p>This deficiency was cited on 02/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			

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K010061 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on observation, record review and interview; the facility failed to electronically supervise 2 of 2 sprinkler backflow valves. LSC Section 9.7.2.1 requires supervisory attachments to be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code and a distinctive supervisory signal to be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. This deficient practice could affect all residents in the facility as well as staff and visitors, if the water to the sprinkler system was shut off and not detected due to lack of supervision.</p> <p>Findings include:</p> <p>Based on review of sprinkler documentation dated 12/19/13 with the Administrator on 04/08/14, electronic supervision, seals or locks were not provided on the OS&amp;Y valves on the sprinkler backflow control device. Based on observation with the Administrator from 11:15 a.m. to 12:15 a.m., the two OS &amp; Y valves on the sprinkler backflow control device in the basement sprinkler</p>	K010061	F-0611. The bid for the installation of the OS&Y valves has been received and approved. Scheduled installation shall be completed by 5/8/2014. 2. all residents have the potential to be affected by this deficient practice. 3. These areas will be placed on our PM program and will be reviewed quarterly at our quarterly QA meetings.. Any areas found to be non compliant will be reported to the administrator. The administrator will take steps to see that the corrective action is taken to correct the non compliance.	05/08/2014			

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	<p>riser room lacked electronic supervision. Based on record review and interview at the time of observation, the Administrator acknowledged the sprinkler OS &amp; Y valves on the sprinkler backflow control device lacked electronic supervision and a contract was in place for the work to be completed by the end of next week.</p> <p>This deficiency was cited on 02/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			

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K010062 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation, record review and interview; the facility failed to provide a complete supply of spare sprinklers for 1 of 1 automatic sprinkler systems in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents, staff and visitors if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 04/08/14 at 11:15 a.m. to 12:15 a.m. with the Administrator, there were no pendant</p>	K010062	F-00621. The facility has been supplied by Ryan Fire Protection with the appropriate pendants to be utilized in the event of emergency. 2. All residents have the potential to be affected by this deficient practice.3. The maintenance supervisor will complete a monthly visual check to assure we have the appropriate supplies necessary to meet this requirement. 4. Maintenance will report to the administrator at our monthly review . If no trends are identified the QA will be discontinued.	05/08/2014			

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	<p>sprinklers in the spare sprinkler cabinet. There were pendant sprinkler heads observed during the tour throughout the facility. The lack of spare pendant sprinklers was acknowledged by the Administrator at the time of observation and record review indicated a contract is in place for those to be replaced by the end of next week.</p> <p>This deficiency was cited on 02/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			

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K010067 SS=B	<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, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 17 rooms was not using the corridor as a portion of a return air system/plenum for the heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect at least 10 residents as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation and interview with the Administrator during the tour of the facility from 11:15 a.m. to 12:15 a.m. on 04/08/14, the Activities office was using the egress corridor as a return air system. Based on interview at the time of observations with the Administrator, it was confirmed the return air was exhausted into the corridor for the aforementioned adjoining room. The</p>	K010067	F-00671. The Activity office is schedule to have installation of the air return completed by 5/8/2014. 2. All residents have the potential to be affected by this deficient practice. 3. Theses areas will be placed on our PM program and will be assed quarterly to assure air returns are functioning appropriately. Any areas of non compliance will be reviewed at our quarterly QA meetings. Administrator to monitor.	05/08/2014			

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	<p>Administrator acknowledged the activities office was missed, and will contact the contractor to install the return.</p> <p>This deficiency was cited on 02/18/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			