

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155428	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2011
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NAME OF PROVIDER OR SUPPLIER MERIDIAN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 S MERIDIAN ST INDIANAPOLIS, IN46225
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K0000	<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: 11/15/11</p> <p>Facility Number: 000386 Provider Number: 155428 AIM Number: 100286820</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meridian Nursing and Rehabilitation Center was found not in 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 was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridor. The facility has a capacity of 44 and had a</p>	K0000		

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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K0048 SS=E	<p>census of 36 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/16/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in the written fire safety plan for the facility to protect 36 of 36 residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any</p>	K0048	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>K-048: Use of K-series fire extinguisher for dietary</p> <p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>he facility has provided information in their fire policy to explain that the K-series fire extinguisher is a back-up to the hood Ansul system only and not to be used at any other time.</p> <p>(b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be</p>	12/15/2011

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	<p>resident, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire safety plan titled "Emergency Fire Procedures" for Meridian Nursing and Rehabilitation Center during record review with the Environmental Director from 9:15 a.m. to 10:35 a.m. on 11/15/11, the fire safety plan did not address the use of ABC type fire extinguishers and the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on an interview at the time of record review, the Environmental Director acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K class fire extinguisher.</p> <p>3.1-19(b)</p>		<p>taken:</p> <p>Any resident residing in this facility has the potential to be affected, but no resident was identified.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>The Food and Nutrition staff has been in-serviced as to the proper usage of the K-series fire extinguisher and will be asked at least once a month what is the purpose of the K-series fire extinguisher.</p> <p>(d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>The NHA will review the fire policy and in-service to assure that each Food and Nutrition staff member is aware of the new fire policy along with the proper usage of the K-series fire extinguisher. The RDPO will check for compliance on his monthly rounds and the report of their findings will be presented at the next Risk Management/QA committee meeting on a monthly basis until it is determined by the committee that compliance has been achieved.</p> <p>(e) Date of compliance: 12-15-11</p>		

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K0050 SS=C	<p>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 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the first shift for 3 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Disaster/Fire Drill Record" documentation with the Environmental Director from 9:15 a.m. to 10:35 a.m. on 11/15/11, first shift fire drills conducted on 10/27/11, 01/05/11 and 04/20/11 were conducted at, respectively, 1:45 p.m., 2:00 p.m. and 1:42 p.m. Based on interview at the time of record review, the Environmental Director acknowledged first shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p>	K0050	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>K -050: Fire drills not conducted at varying times.</p> <p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>All fire drills were preformed but a plan for the next year has been developed to ensure having the required minimum of 2 hours apart per shift, per quarter.</p> <p>(b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> <p>Since the fire drills found no safety concerns - no residents were affected.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the</p>	12/15/2011	

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			<p>practice does not recur:</p> <p>The facility maintenance director was educated on the importance of assuring that these drills happen at varying times. The plan developed for the next year will require that all fire drills will be conducted at least two (2) hours apart per shift, per quarter.</p> <p>(d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>A report of the above audits for monthly fire drills (to include each shift quarterly) will be presented to the Risk Management/QA meeting to maintain compliance. This will be an on going standard and that the RDPO will check each drill on his monthly rounds.</p> <p>(e) Date of compliance: 12-15-11</p>		

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K0051 SS=F	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure the Digital Alarm Communicator Transmitter (DACT) telephone dialer(s) for the facility's fire alarm system would send a trouble signal within 4 minutes to a supervisory station to protect 36 of 36 residents. LSC Section 9.6.4 requires supervisor station notification to be in accordance with NFPA 72 National Fire Alarm Code. NFPA Section 5-5.3.2.1.6.1 states: A DACT shall employ one of the following combinations of transmission channels:</p> <p>(1) Two telephone lines (numbers) (2) One telephone line (number) and one cellular telephone connection</p>	K0051	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>K 51 Alarm system – effective warning</p> <p>a.) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>The facility fire alarm vender was contacted and came to the facility to fix the dialer issue of not signaling to the monitoring company. The issue was fixed to bring the facility back to compliance.</p>	12/15/2011

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	<p>(3) One telephone line (number) and a one-way radio system</p> <p>(4) One telephone line (number) equipped with a derived local channel</p> <p>(5) One telephone line (number) and a one-way private radio alarm system</p> <p>(6) One telephone line (number) and a private microwave radio system</p> <p>(7) One telephone line (number) and a two-way RF multiplex system</p> <p>(8) *A single integrated services digital network (ISDN) telephone line using a terminal adapter specifically listed for supervising station fire alarm service, where the path between the transmitter and the switched telephone network serving central office is monitored for integrity so that the occurrence of an adverse condition in the path shall be annunciated at the supervising station within 200 seconds.</p> <p>NFPA 72 at 5-5.3.2.1.6.2 states the following requirements shall apply to all combinations in 5-5.3.2.1.6.1:</p> <p>(1) Both channels shall be supervised in a manner approved for the means of transmission employed.</p> <p>(2) Both channels shall be tested at intervals not exceeding 24 hours.</p> <p>Exception No. 1: For public cellular telephone service, a verification (test) signal shall be transmitted at least monthly.</p> <p>Exception No. 2: Where two telephone</p>		<p>b.) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> <p>Any resident residing in the facility has the potential to be affected, but none where identified.</p> <p>c.) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>The maintenance Director has been in-serviced as to the required components of this tag. The standard monitoring and any needed adjustments identified will be done during routine life safety, monthly preventative maintenance rounds as the Maintenance Director checks to include unplugging the dialer and waiting for a trouble signal to see if signal has been received to the monitoring company.</p> <p>d.) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>The monitoring of this tag will be a joint effort between the NHA and the Maintenance Director as they will review their findings at the monthly Risk Management/QA meeting. This will be an ongoing standard and will be checked by the RDPO on his monthly rounds of the facility to assure that the facility remains in compliance.</p> <p>Date of compliance: 12-15-11</p>		

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	<p>lines (numbers) are used, it shall be permitted to test each telephone line (number) at alternating 24 hour intervals.</p> <p>(3) The failure of either channel shall send a trouble signal on the other channel within 4 minutes.</p> <p>(4) When one transmission channel has failed, all status change signals shall be sent over the other channel.</p> <p>Exception: Where used in combination with a DACT, a derived local channel shall not be required to send status change signals other than those indicating that adverse conditions exist on the telephone line (number).</p> <p>(5) The primary channel shall be capable of delivering an indication to the DACT that the message has been received by the supervising station.</p> <p>(6) The first attempt to send a status change signal shall use the primary channel.</p> <p>Exception: Where the primary channel is known to have failed.</p> <p>(7) Simultaneous transmission over both channels shall be permitted.</p> <p>(8) Failure of telephone lines (numbers) or cellular service shall be annunciated locally.</p> <p>This deficient practice affects all residents, staff and visitors in the facility.</p> <p>Findings include:</p>						

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	<p>Based on observations with the Environmental Director during a tour of the facility from 10:35 a.m. to 11:55 a.m. on 11/15/11, when the DACT primary telephone line was disconnected three times at 11:09 a.m., 11:35 a.m. and 11:43 a.m.; the facility's fire alarm system failed to send a trouble signal to a supervisory station. Based on interview at the time of each observation, the Environmental Director stated the facility's fire alarm system monitoring company did not receive a trouble signal when the DACT primary telephone line was disconnected and acknowledged the facility's fire alarm system failed to send a trouble signal to a supervisory station each of the three times the DACT primary telephone line was disconnected.</p> <p>3.1-19(b)</p>				