

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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K010000	<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: 11/13/14</p> <p>Facility Number: 000153 Provider Number: 155249 AIM Number: 100266910</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, Signature Healthcare of Fort Wayne 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the</p>	K010000		

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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K010018 SS=E	<p>resident rooms. The facility has a capacity 112 and had a census of 75 at the time of this survey.</p> <p>All areas providing customary access to the residents were sprinklered. The facility had a detached garage and three sheds providing facility services including storage of old equipment, new beds, mattresses and maintenance supplies that were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/20/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS</p>			

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K010021 SS=D	<p>regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 therapy room corridor doors closed and latched into the door frame. This deficient practice affects could affect 1 of 10 smoke compartments.</p> <p>Findings includes:</p> <p>Based on observation with the Plant Operations Director on 11/13/14 at 12:12 p.m., there were double corridor doors entering the therapy room. One door was equipped with a manual latching device that would latch into the door frame and the remaining door was designed to latch into the stationary door. Each door could not latch automatically, and independent of the other door, into the door frame. Additionally, the doors were locked in place by only a dead bolt instead of positive latching hardware. Based on an interview with the Plant Operations Director at the time of observation, he acknowledged the lack of positive latching hardware and the manually latching therapy room corridor doors.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway</p>	K010018	<p>K018</p> <p>1. Therapy room doors will have the deadbolt lock removed and positive latching hardware added to the therapy doors. 2. All the doors were inspected during the survey. Any doors affected are being retrofitted. 3. The doors will be repaired by December 13, 2014 by an outside vendor. The doors will be checked monthly and documented on the preventative maintenance log. Adm. will randomly monitor doors monthly to assure hardware is functioning. 4. Plant Ops Director will report monthly to the QA Committee results of monthly observations of hardware on retrofitted doors on and monthly basis ongoing. 5. December 13, 2014</p>	12/13/2014			

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	<p>enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 laundry room corridor doors sets were held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice was not in a residents care area but could affect facility staff.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director on 11/13/14 at 10:28 a.m., one door of the double corridor door set entering the dryer area of the laundry room was propped open with a wedge. Based on an interview with the Plant Operations Director at the time of observation, he acknowledged and removed the wedge.</p> <p>3.1-19(b)</p>	K010021	<p>K021</p> <p>1.The laundry room doors were closed immediately at the time of the survey. The staff was in-serviced on proper closures of the doors at the time.</p> <p>2.Laundry staff will be rein-serviced on November 27, 2014 on door closures.</p> <p>3.Laundry Supervisor or designee will monitor the laundry doors to assure they are closed properly at all times. Laundry supervisor or designee will monitor the doors for closures twice a day. Plant operations Director will randomly monitor doors weekly for closure.</p> <p>4.Laundry Supervisor will report monthly to the QA committee the results of the daily monitoring on an ongoing basis.</p> <p>5.December 13, 2014</p>	12/13/2014

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K010029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 laundry room corridor doors sets closed and latched into the door frame. This deficient practice affects could affect 1 of 10 smoke compartments.</p> <p>Findings includes:</p> <p>Based on observation with the Plant Operations Director on 11/13/14 at 12:06 p.m., there were two sets of double corridor doors entering the laundry room. One door was equipped with a manual latching device that would latch into the</p>	K010029	<p>K029</p> <p>1.Laundry room doors will be retrofitted to close and latch into the door frames.</p> <p>2.All the doors were inspected during the survey. Any doors affected are being retrofitted.</p> <p>3.The doors will be repaired by December 13, 2014 by an outside vendor. The doors will be checked monthly and documented on the preventative maintenance log. Adm. will randomly monitor doors monthly to assure hardware is functioning.</p> <p>4.Plant Ops Director will report monthly to the QA Committee results of monthly observations of hardware on retrofitted doors on</p>	12/13/2014

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K010062 SS=C	<p>door frame and the remaining door was designed to latch into the stationary door. Each door could not latch automatically, and independent of the other door, into the door frame. Based on an interview with the Plant Operations Director at the time of observation, he acknowledged the corridor doors were manually latching.</p> <p>3.1-19(b)</p> <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 record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested quarterly for 1 of 4 quarters. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices and pressure switches that provide audible or visual signals to be tested quarterly. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Report of Inspection" sprinkler inspection</p>	K010062	<p>and monthly basis ongoing. 5.December 13, 2014</p> <p>K062</p> <p>1.The first quarter sprinkler inspection was inadvertently missed. Therefore nothing can be done at this time. All other quarters were completed. 2.All other quarters were completed timely. The quarterly inspections were added to the monthly preventative maintenance logs. 3.Plant operations will schedule the sprinkler test and show the results quarterly to the administrator. 4.The monthly preventive maintenance log s will be reviewed by the QA committee monthly on an ongoing basis to assure all quarterly inspections are completed.</p>	12/13/2014			

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	documentation from SafeCare with the Plant Operations Director on 11/13/14 at 11:36 a.m., the facility lacked documentation of a sprinkler inspection where the waterflow alarms were tested for the first quarter of 2014. Based on an interview with the Plant Operations Director at the time of record review, he stated a quarterly sprinkler inspection had not been conducted for the first quarter of 2014. 3.1-19(b)		5.December 13, 2014		