

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155354	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/30/2012
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NAME OF PROVIDER OR SUPPLIER  NEWBURGH HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10466 POLLACK AVE NEWBURGH, IN 47630
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K0000	<p>A Life Safety Code Recertification, State Licensure Survey and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/30/12</p> <p>Facility Number: 000245 Provider Number: 155354 AIM Number: 100290800</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code and Quality Assurance Walk-thru survey, Newburgh Health Care 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</p>	K0000	Preparation and or execution of this Plan of Correction general, or any other corrective action set forth herein, in particular, does not constitute an admission or agreement by Newburgh Healthcare of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or State law.	

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>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, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 114 and had a census of 108 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services including a detached garage used for a maintenance shop and maintenance and facility storage were sprinklered with the the exception of a small detached wood framed shed used for furniture storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/07/12.</p> <p>The facility was found not in</p>			

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	compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure a handrail was provided for 2 of 2 exits with ramps. LSC 19.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect up to 42 residents, as well as staff and visitors during an evacuation through the east and southeast exit doors.</p> <p>Findings include:</p> <p>Based on observations on 08/30/12 between 12:00 p.m. and 2:30 p.m. during a tour of the facility with the Maintenance Supervisor, the east exit had a downward sidewalk/ramp twenty five feet long with a grade change of more than six inches from top</p>	K0038	<p>Corrective action: Both east and southeast exits will have handrails installed according to code by September 29, 2012. Measures put in place to ensure deficient practice does not recur: Handrails will be installed. Potential Residents affected: 42 Monitoring: Maintenance Supervisor &amp; Administrator will monitor annually for damage or defects Completion date: 09/29/2012</p>	09/29/2012			

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	<p>to bottom, furthermore, the southeast exit had a downward sidewalk/ramp fifteen feet long with a grade change of more than six inches from top to bottom. These sidewalks/ramps were not provided with handrails. This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>				

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K0048 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 Based on record review and interview, the facility failed to provide a complete written fire safety plan for the protection of 108 of 108 residents which included the use of K-class fire extinguisher in the kitchen and staff response to battery operated smoke detectors in resident rooms thus addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect all occupants in the event of an emergency.</p>	K0048	<p>Corrective Actions: Fire safety plan will be inserviced to staff to cover K-class fire extinguishers, and proper staff reaction to newly installed smoke detectors. Measures put in place to ensure deficient practice does not recur: Inservice by September 29/2012 Potential Residents affected: 108 Monitoring: Maintenance staff &amp; Administrator Completion date: 09/29/2012</p>	09/29/2012

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	<p>Findings include:</p> <p>Based on a review of the facility's written Fire Safety Plan in the Newburgh Healthcare Disaster Plan on 08/30/12 at 11:15 p.m. with the Maintenance Supervisor present, the fire safety plan did not address the use of the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system, furthermore, the fire safety plan did not address staff reaction to a resident room battery operated smoke detector if actuated. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the fire safety plan was not a complete plan.</p> <p>3.1-19(b)</p>				

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K0050 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills book on 08/30/12 at 10:00 a.m. with the Maintenance Supervisor present, all five third shift (night) fire drills conducted since August of 2011 were performed between 4:15 a.m. and 5:30 a.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the third shift fire drills were not varied.</p>	K0050	<p>Corrective Actions: Fire drill policy &amp; procedure will be changed to ensure drills are held at varied times on third shift. Measures put in place to ensure deficient practice does not recur: Maintenance Supervisor and Staff Development Coordinator will monitor and ensure drill times. Potential Residents affected: all residents have the potential to be affected by the deficient practice. Monitoring: Maintenance Supervisor &amp; Staff Development Coordinator. Completion date: 09/29/2012</p>	09/29/2012	

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	3-1.19(b)			

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 properly test and maintain 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 3-8.1 allows fire alarm system components to share control equipment or operate as stand alone systems, but in any case, they shall be arranged to function as a single system. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble</p>	K0051	<p>Corrective Actions: A new monitoring device was added at the west nurses station which is centrally located within the facility. This device monitors both (2) telephone lines and the fire alarm system. The device will sound the alarm if the telephone lines (1) fail, (2) or the alarm trips. A second telephone line was also added to the fire alarm monitor. Measures put in place to ensure deficient practice does not recur: See Corrective Action Potential Residents affected: 114 Monitoring: Maintenance Supervisor Completion date: 09/13/2012</p>	09/29/2012			

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	<p>signals to be distinctive and descriptively annunciated. NFPA 72, 5-5.3.2.1.6.1 requires the following: A DACT (Digital Alarm Communicator Transmitter) shall employ one of the following combinations of transmission channels:</p> <ol style="list-style-type: none"> <li>(1) Two telephone lines (numbers)</li> <li>(2) One telephone line (number) and one cellular telephone connection</li> <li>(3) One telephone line (number) and a one way radio system</li> <li>(4) One telephone line (number) equipped with a derived local channel</li> <li>(5) One telephone line (number) and a one way private radio alarm system</li> <li>(6) One telephone line (number) and a private microwave radio system</li> <li>(7) One telephone line (number) and a two way RF multiplex system</li> <li>(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</li> </ol>				

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	<p>network serving central office is monitored for integrity so the occurrence of an adverse condition in the path shall be announced at the supervising station within 200 seconds. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>a. Based on observation on 08/30/12 at 1:30 p.m. with the Maintenance Supervisor, there was only one telephone line available for the automatic dialer. Based on interview at the time of observation, it was acknowledged by the Maintenance Supervisor there was only one telephone line available for the automatic transmission of the fire alarm signal with no other secondary back up in place.</p> <p>3.1-19(b)</p> <p>b. Based on observations on 08/30/12 between 12:00 p.m. and 2:30 p.m. during a tour of the facility with Maintenance Supervisor, the Digital Alarm Communicator Transmitter (DACT)</p>			

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	<p>was located in the Mechanical Room. When the DACT was placed in trouble from phone line failure at 1:30 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at any of the three nurses' stations. The Mechanical Room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at any of the three nurses' stations. Based on interview at 1:40 p.m. on 08/30/12, the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to any of the three nurses' stations.</p> <p>3.1-19(b)</p>				

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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>1. Based on observation and interview, the facility failed to insure 1 of 13 smoke compartments had sprinkler heads installed in accordance with NFPA 13, Section 5-1.1 and 5-6.3.4 which requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect any of the 20 residents, as well as staff and visitors while in the north unit resident lounge.</p> <p>Findings include:</p> <p>Based on an observation on 08/30/12 at 12:50 p.m. during a tour of the facility with the Maintenance Supervisor, the north</p>	K0056	<p>Corrective Actions: (1) One of the sprinkler heads will be capped off by Tri-State Fire Protection. (2) A sprinkler head will be installed in former shower room stall.Measures put in place to ensure deficient practice does not recur: See Corrective Action Potential Residents affected: allMonitoring: Maintenance SupervisorCompletion date: 09/29/2012</p>	09/29/2012			

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	<p>unit resident lounge had two sprinkler heads within four feet of each other near the sink area. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 1 of 13 smoke compartments. This deficient practice could affect mostly staff, plus any of the 46 residents and visitors while in the vicinity of the west unit record storage room.</p> <p>Findings include:</p> <p>Based on observation on 08/30/12 at 1:20 p.m. during a tour of the facility with the Maintenance Supervisor, the west unit record storage room (formerly a shower room) was provided with automatic sprinkler coverage, however, the center stall, with over fifteen large plastic totes full of paper records, was not provided with a sprinkler head,</p>			

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	<p>and this stall would not be covered by the other sprinkler heads in the record storage room. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			

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K0069 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned at least semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p>	K0069	<p>Corrective Actions: Contract with Pure Air to ensure kitchen range hood is cleaned semi-annually. Measures put in place to ensure deficient practice does not recur: Per the terms of our contract, Pure Air will be scheduled semi-annually. Potential Residents affected: all Monitoring: Maintenance Supervisor will monitor for compliance per the terms of our agreement. Completion date: 09/29/2012</p>	09/29/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155354	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/30/2012
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	<p>Based on review of the kitchen range inspection reports in the Inspections Manual on 08/30/12 at 11:45 a.m. with the Maintenance Supervisor present, documentation for the kitchen range hood showed it was only being cleaned once a year. The most recent dates the range hood was cleaned were 07/10/12 and 03/11/11. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p>			