STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155287	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENSSELAER CARE CENTER	1309 E GRACE ST RENSSELAER, IN 47978

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000 Bldg. 01	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). Survey Date: 02/20/15 Facility Number: 000185 Provider Number: 155287 AIM Number: 100290840 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, Rensselaer Care 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. This facility and it's additions were built prior to March 1, 2003, therefore they were surveyed in accordance with LSC Chapter 19. The facility was determined to be Type V (111) construction and was fully sprinklered. The facility has a fire	K 000	This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied Immediate This facility respectfully request paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155287	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/20/2015
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1309 E GRACE ST RENSSELAER, IN 47978	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	alarm system with hardwired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 157 and had a census of 94 at the time of this survey. All areas where residents have customary access were sprinklered. Two detached sheds for general storage were not sprinklered. Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K 038 SS=E Bldg. 01	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 Based on observation and interview, the facility failed to provide an exit discharge that was readily accessible for 1 of 12 means of egress to a public way. LSC Section 19.2, Means of Egress Requirements, requires every exit	K 038	This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of	05/06/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED
	155287		02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENSSELAER CARE CENTER	1309 E GRACE ST RENSSELAER, IN 47978

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	discharge, exit location and access shall be in accordance with LSC Chapter 7. LSC 7.1.6.3 requires the means of egress be nominally level. This deficient practice affects visitors, staff and 10 or more residents on the Special Care Unit and adjacent smoke compartment. Findings include: Based on observation with the maintenance director on 02/17/15 at 2:00 p.m., the core and special care exit discharged over a patio surface which had cracked across the width of the concrete surface and again in smaller sections of the same surface creating two to three foot islands of displace concrete due to changes in the levels of the concrete sections. The maintenance director agreed at the time of observation, the discharge path was not level. 3.1-19(b)		the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied Immediate This facility respectfully request paper compliance. K038 Immediate Facility called several contractors on 2.22.15 thru 2.26.15 to obtain quotes regarding the patio that had cracks on it. CER to be submitted by 3.26.15 and work completed by 5.6.15 All others All other exits were inspected for compliance on 2.23.15 with no findings Education Maintenance Director and Assistant reviewed F Tag K038 on 3.4.15 PI Maintenance Director to inspect exits 1 X per week for 4 weeks and then quarterly until 100% compliance is achieved. Compliance 5.1.15	
K 056 SS=E Bldg. 01	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			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED
	155287		02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENSSELAER CARE CENTER	1309 E GRACE ST RENSSELAER, IN 47978

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			
	Based on observation and interview, the facility failed to insure 1 of 10 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 visitors staff and 10 or more residents on the special care unit. Findings include: Based on observation with the maintenance director on 02/20/15 at 1:30 p.m., two sprinkler heads in the special care activities room were located within 56 inches of each other. The maintenance director confirmed the measurement at the time of observation. 3.1-19(b)	K 056	K 056 Immediate The sprinkler head was removed and capped off on 3.5.15 All others Maintenance Director inspected all other sprinkler heads to ensure that NAPA 25 and 13 were applicably followed. Education Maintenance Director and Assistant reviewed F Tag K 038 on 3.4.15 PI Sprinkler heads will be monitored 1 X per week X 4 weeks then quarterly until 100% compliance is achieved. Compliance 3.22.15	03/22/2015
K 062 SS=C Bldg. 01	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			
	Based on observation and interview, the facility failed to ensure 1 of 1 post	K 062	K062	03/22/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	155287		02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENSSELAER CARE CENTER	1309 E GRACE ST RENSSELAER, IN 47978

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	indicator valves (PIV) electronically supervised. This deficient practice affects all occupants. Findings include: Based on observation on 02/20/15 at 11:30 a.m. the facility PIV valve was located between the building and parking lot. The wiring usually attached to a box housing the means for electronic supervision of the PIV was tied around the valve and the supervision box was missing. The valve was merely chained and padlocked. Per interview with the maintenance director on 02/20/15 at 3:00 p.m., the PIV valve had been hit by the snow removal truck and damaged. The sprinkler system contractor had been notified and had to order the materials to replace the electronic supervision box. An email from the sprinkler contractor dated 02/20/15 confirmed the contractor would be on site "on or before" 02/25/15 to complete the repair of the supervisory equipment. 3.1-19(b)		Immediate PIV alarm switch was replaced on 2.25.15 All others All valves were inspected with no findings on 2.23.15 Education Maintenance Director and Assistant reviewed F Tag K 062 on 3.4.15 PI All valves will be inspected weekly by Maintenance Director X 4 weeks and then quarterly until 100% compliance is achieved. Compliance 3.22.15	