STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS	2100 MIDWAY ST COLUMBUS, IN 47201

(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
K010000	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: 09/23/13 Facility Number: 000058 Provider Number: 155133 AIM Number: 100283340 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Kindred Transitional Care and Rehab-Columbus 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 one story facility with a basement 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, in spaces open to the corridors and battery	K010000		

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.

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201	

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	powered smoke detectors in all resident rooms. The facility has a capacity of 212 and had a census of 151 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for the small shed which is used to store maintenance equipment. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/01/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K010056 SS=E	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 Based on observation and interview, the facility failed to ensure 2 of 4 armover sprinkler pipes in the basement were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practices could affect 26 residents on the first floor Southwest wings adjacent and above the basement Laundry room as well as staff or visitors. Findings include: Based on observations on 09/23/13 at	K010056	This plan of correction is the Center's credible allegation of compliance, the facility is requesting a desk review in lieu of a revisit. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provisions of federal and state law. K56If 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. I. What corrective action(s) will be accomplished for those residents found to be affected by this alleged deficient practice? Hangers were installed	10/03/2013

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201	

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	2:36 p.m. with the Maintenance Supervisor, there were two unsupported steel armover sprinkler pipes which were measured to be over twenty nine inches in length located in the basement Laundry room below the Southwest wings of the building. One unsupported armover sprinkler pipe was observed in the washing machine room and one unsupported armover sprinkler pipe was observed in the adjacent sorting room. Based on interview on 09/23/13 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned armover steel sprinkler pipes exceeded twenty nine inches in length and were unsupported. 3.1-19(b)		on 10/3/2013 by SafeCare, the armover sprinkler pipes are now supported per Life Safety Regulations. II. How other residents having the potential to be affected by the alleged deficient practice will be identified and what corrective action(s) will be taken. The residents residing within the facility have the potential to be affected by this alleged deficient practice. Maintenance Director/ designee will continue to review educational material and implement any new changes to life safety code as they occur. III. What measures will be put in place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. SafeCare will complete quarterly inspections of the facility sprinkler system to ensure compliance with Life Safety Code Standards. IV. How the corrective actions will be monitored to ensure the alleged deficient practice will not recur. Maintenance Director / Designee will review results of the SafeCare quarterly inspections in PI committee meetings quarterly.Issues identified will be corrected immediately. Date of Compliance: October 3, 2013.	

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K010062 SS=E	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 automatic sprinkler systems was maintained in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect 29 residents in the Southwest portion of the facility as well as visitors and staff should the sprinkler pipe break and require repair. Findings include: Based on observation on 09/23/13 at 2:45 p.m. with the Maintenance Supervisor, a ten foot section of a one and one half inch diameter steel sprinkler pipe was used to support twelve wires located next to the entrance corridor door inside the elevator mechanical room in the basement. Based on interview on 09/23/13 at 2:48 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned sprinkler pipe was used to support low voltage wires and cables located in the elevator mechanical room in the	K010062	This plan of correction is the Center's credible allegation of compliance; the facility is requesting a desk review in lieu of a revisit. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provisions of federal and state law. K62Required automatic sprinkler systems are continuously maintain in reliable operating condition and are inspected and tested periodically. I. What corrective action(s) will be accomplished for those residents found to be affected by this alleged deficient practice? The one sprinkler pipe was relocated and supported with hanger away from the low voltage wires and cables located in the elevator mechanical room in basement by SafeCare on 10/3/2013. Low voltage wires and cables are independently supported away from sprinkler pipe by the Maintenance Director on 10/3/2013. II. The potential to be affected by the alleged	10/03/2013

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	basement. 3.1-19(b)		deficient practice will be identified and what corrective action(s) will be taken. The residents residing within the facility have the potential to be affected by this alleged deficient practice. Maintenance Director/ designee has inspected all sprinklers pipes to ensure no low voltage wires or cables are being supported by sprinkler pipes. III. What measures will be put in place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. SafeCare will complete quarterly inspections of the facility sprinkler system to ensure compliance with Life Safety Code Standards. IV. How the corrective actions will be monitored to ensure the alleged deficient practice will not recur. Maintenance Director / Designee will review results of the SafeCare quarterly inspections in PI committee meetings quarterly.Issues identified will be corrected immediately. Date of Compliance: October 3, 2013.	

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K010067 SS=E	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 Based on observations and interview, the facility failed to ensure 5 of 6 rooms on the Administrative hall were 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 29 residents adjacent to the Administrative hall as well as visitors and staff in the facility. Findings include: Based on observation on 09/23/13 during a tour of the facility between 12:33 p.m. and 1:15 p.m. with the Maintenance Supervisor, the following staff offices and use areas located on the Administrative hall had supply ventilation in each room, but were using the egress corridors as a return air system: a. Administrator office	K010067	This plan of correction is the Center's credible allegation of compliance, the facility is requesting a desk review in lieu of a revisit. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provisions of federal and state law. K67Heating, ventilating and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. I. What corrective action(s) will be accomplished for those residents found to be affected by this alleged deficient practice? Indoor Comfort Solutions will be installing return air system to the following staff offices: a) Administrator, b) Conference room, c) Coordinator Office, d) MDS Office and e) Business Storage Room starting on 10/14/2013 and the project will be completed by 10/31/2013. II. How other residents having the potential to be affected by the alleged deficient practice will be	10/22/2013

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	b. Conference room c. Coordinator office d. MDS office e. Business storage room Based on interview on 09/23/13 concurrent with the observations with the Maintenance Supervisor, it was confirmed the return air was exhausted to the corridor for the aforementioned staff office rooms. 3.1-19(b)		identified and what corrective action(s) will be taken. The residents residing within the facility have the potential to be affected by this alleged deficient practice. Maintenance Director/ designee will continue to review educational material and implement any new changes to life safety code as they occur. III. What measures will be put in place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. Maintenance Director / Designee will complete quarterly inspections of the facility heating, ventilating and air conditioning to ensure compliance with Life Safety Code Standards and record inspections in the Preventative Maintenance Binder. IV. How the corrective actions will be monitored to ensure the alleged deficient practice will not recur. Maintenance Director / Designee will review results of the SafeCare quarterly inspections in PI committee meetings quarterly.Issues identified will be corrected immediately. Date of Compliance: October 22, 2013.	

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K010160 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2 Based on observation, interview and record review; the facility failed to ensure the elevator equipment in 1 of 1 elevator equipment rooms was provided with a shunt trip. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. The elevator equipment room was located in the basement and could affect any residents on the floor above as well as visitors and staff. Findings include: Based on observation on 09/23/13 at 2:52 p.m. with the Maintenance Supervisor the elevator equipment room located in the basement below the Administrative hall was provided with sprinkler head and smoke detector protection. Based on interview on 09/23/13 at 2:53 p.m. with the Maintenance Supervisor, a shunt trip	K010160	This plan of correction is the Center's credible allegation of compliance; the facility is requesting a desk review in lieu of a revisit. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provisions of federal and state law. K160All existing elevators, having a travel distance of 25ft or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3 Safety Code for Existing Elevators and Escalators. I. What corrective action(s) will be accomplished for those residents found to be affected by this alleged deficient practice? SafeCare will commence work on the elevator shunt trip on October 11, 2013 and all services will be completed	10/16/2013

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	which is designed to automatically disconnect power to the affected elevator, had not been installed in the elevator equipment room. Based on the Sprinkler Inspection and Test Report record review on 09/23/13 at 3:05 p.m. with the Maintenance Supervisor, the elevator equipment room located in the basement below the Administrative hall was equipped with sprinkler head protection, however, there was no mention of a shunt trip installation in the room. Based on further interview with the Maintenance Supervisor at the time of record review, he stated he was unaware the shunt trip needed to be installed, and had never been informed the elevator equipment room needed one. 3.1-19(b)		on or before October 16, 2013. II. The potential to be affected by the alleged deficient practice will be identified and what corrective action(s) will be taken. The residents residing within the facility as well as visitors and staff have the potential to be affected by this alleged deficient practice. Maintenance Director/ designee will continue to review educational material and implement any new changes to life safety code as they occur. III. What measures will be put in place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. SafeCare will complete quarterly inspections of the facility elevator shunt trip (heat sensor) system to ensure compliance with Life Safety Code Standards. IV. How the corrective actions will be monitored to ensure the alleged deficient practice will not recur. Maintenance Director / Designee will review results of the SafeCare quarterly inspections in PI committee meetings quarterly.Issues identified will be corrected immediately. Date of Compliance: October 16, 2013.	