

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155003	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/25/2016
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NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DRIVE WARSAW, IN 46580
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/25/16</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>At this Life Safety Code survey, Mason Health Care Center was found substantial 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) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 halls and the center hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was 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, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a</p>	K 0000		

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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K 0046 SS=C Bldg. 01	<p>capacity of 115 and had a census of 73 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including the storage of activity supplies, maintenance supplies and housekeeping supplies which were not sprinklered.</p> <p>Quality Review completed on 07/27/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1.</p> <p>1. Based on observation, records and interview, the facility failed to ensure emergency light fixtures for 1 of 1 generators were tested annually for 1 1/2 hour duration and monthly for 30 second duration in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test shall be conducted on every required battery powered emergency lighting system for a minimum of 1 1/2 hour duration and every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. Equipment shall be fully</p>	K 0046	<p>This plan of correction has been prepared and executed because it is required by the provisions of state and federal law. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. In lieu of survey results the facility respectfully reuests paper review.</p> <p>1. The battery powered emergency lighting fixtures connected to the generator have been replaced with a new system. 1a. Location was not where it would affect residents, but</p>	08/09/2016

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	<p>operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 07/25/16 at 10:40 a.m., a pair of lights powered by a battery as backup lighting for the emergency generator was observed by the generator. Based on records review with the Maintenance supervisor on 07/25/16 at 10:20 a.m., no documentation was available for review to show the testing of the emergency battery powered lights at the facility's generator. Based on interview at the time of record review and observation, when ask if the emergency battery powered lights are tested 30 seconds monthly and 90 minutes annually; the Maintenance Supervisor stated the emergency battery powered lights are not tested for 30 seconds monthly or 90 minutes annually.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 battery powered emergency lighting fixtures at</p>		<p>could affect staff working on the generator. 1b. The maintenance supervisor will inspect the backup every working day for 2 weeks, then weekly for 2 weeks, then monthly ongoing. 1c. Results of the inspections will be documented and presented to the Quality Assurance Committee monthly for three months, then quarterly thereafter.</p>	

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K 0144 SS=C Bldg. 01	<p>the generator would operate. LSC 7.9.2.5 requires battery operated emergency lights shall be capable of repeated automatic operation. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 07/25/16 at 10:40 a.m., a pair of lights powered by a battery as backup lighting for the emergency generator was observed by the generator. The battery operated lights failed to illuminate because there was no test button to test the lights. Based on interview at the time of observation, the Maintenance Supervisor tried to test the lights but could not find a way to test the lights but did state the lights do turn on when power is transferred to the generator.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) Based on interview, the facility failed to</p>	K 0144	This plan of correction has been	08/22/2016

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	<p>ensure the off-site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> a) Liquid Petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas <p>Exception: For Level 1 installations in locations where the probability of interruption of offsite fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Supervisor and Administrator at 10:30 a.m. on 07/25/16,</p>		<p>prepared and executed because it is required by the provisions of state and federal law. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. In lieu of survey results the facility respectfully reuests paper review.</p> <p>1. The facility is obtaining a letter from our Natural Gas provider that would indicate it is a reliable source of energy. 1a. No residents were affected. 1b. The maintenance supervisor will maintain a current copy of the letter in his emergency preparedness plan binder. 1c. Administrator will confirm semi-annually the letter is current and in the correct location. 1d. Administrator will update Quality Assurance if there are any issues noted.</p>	

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K 0000 Bldg. 02	<p>the facility did not have a letter from their natural gas provider indicating the natural gas was from a reliable source. Based on interview at the time of records review, the Maintenance Supervisor stated the fuel source for the emergency generator was natural gas and Administrator confirmed there was no letter from the gas company.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/25/16</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>At this Life Safety Code survey, Mason Health Care Center was found substantial 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) and 410 IAC</p>	K 0000		

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K 0046 SS=C Bldg. 02	<p>16.2. The 2004 addition of the 400 Hall and the Therapy room was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The 400 hall 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 resident rooms. The facility has a capacity of 115 and had a census of 73 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including activity supplies, maintenance supplies and housekeeping supplies that were not sprinklered.</p> <p>Quality Review completed on 07/27/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1.</p> <p>1. Based on observation, records and interview, the facility failed to ensure emergency light fixtures for 1 of 1</p>	K 0046	This plan of correction has been prepared and executed because it is required by the provisions of state and federal law. Mason Health and	08/09/2016

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	<p>generators were tested annually for 1½ hour duration and monthly for 30 second duration in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test shall be conducted on every required battery powered emergency lighting system for a minimum of 1 ½ hour duration and every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 07/25/16 at 10:40 a.m., a pair of lights powered by a battery as backup lighting for the emergency generator was observed by the generator. Based on records review with the Maintenance supervisor on 07/25/16 at 10:20 a.m., no documentation was available for review to show the testing of the emergency battery powered lights at the facility's generator. Based on interview at the time of record review and observation, when</p>		<p>Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. In lieu of survey results the facility respectfully reuests paper review.</p> <p>1. The battery powered emergency lighting fixtures connected to the generator have been replaced with a new system. 1a. Location was not where it would affect residents, but could affect staff working on the generator. 1b. The maintenance supervisor will inspect the backup every working day for 2 weeks, then weekly for 2 weeks, then monthly ongoing. 1c. Results of the inspections will be documented and presented to the Quality Assurance Committee monthly for three months, then quarterly thereafter.</p>	

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	<p>ask if the emergency battery powered lights are tested 30 seconds monthly and 90 minutes annually; the Maintenance Supervisor stated the emergency battery powered lights are not tested for 30 seconds monthly or 90 minutes annually.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 battery powered emergency lighting fixtures at the generator would operate. LSC 7.9.2.5 requires battery operated emergency lights shall be capable of repeated automatic operation. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 07/25/16 at 10:40 a.m., a pair of lights powered by a battery as backup lighting for the emergency generator was observed by the generator. The battery operated lights failed to illuminate because there was no test button to test the lights. Based on interview at the time of observation, the Maintenance Supervisor tried to test the lights but could not find a way to test the lights but did state the lights do turn on when power is transferred to the generator.</p>			

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K 0144 SS=C Bldg. 02	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on interview, the facility failed to ensure the off-site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <p>a) Liquid Petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas</p> <p>Exception: For Level 1 installations in locations where the probability of interruption of offsite fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for</p>	K 0144	<p>This plan of correction has been prepared and executed because it is required by the provisions of state and federal law. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. In lieu of survey results the facility respectfully reuests paper review.</p> <p>1. The facility is obtaining a letter from our Natural Gas provider that would indicate it is a reliable source of energy. 1a. No residents were affected. 1b. The maintenance supervisor will maintain a current copy of the letter in his emergency preparedness plan binder. 1c. Administrator will confirm semi-annually the letter is current and in the correct location. 1d. Administrator will update Quality Assurance if there are any issues noted.</p>	08/22/2016

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	<p>the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Supervisor and Administrator at 10:30 a.m. on 07/25/16, the facility did not have a letter from their natural gas provider indicating the natural gas was from a reliable source. Based on interview at the time of records review, the Maintenance Supervisor stated the fuel source for the emergency generator was natural gas and Administrator confirmed there was no letter from the gas company.</p> <p>3.1-19(b)</p>			