

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155115	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/21/2012
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NAME OF PROVIDER OR SUPPLIER  CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617
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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: 11/20/12 and 11/21/12</p> <p>Facility Number: 000048 Provider Number: 155115 AIM Number: 100275330</p> <p>Surveyor: Joe L. Brown, Jr., Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Cardinal Nursing and Rehabilitation 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,</p>	K010000		
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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>Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This three story facility with a basement was determined to be of Type II (111) construction with a one story addition determined to be of Type V (111) construction and both were fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, areas open to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 144 with a census of 108 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/28/12.</p> <p>The facility was not found in compliance with the aforementioned regulatory</p>			
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K010039 SS=E	<p>requirements.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 exit access corridors had a clear and unobstructed exit width of at least 4 feet (48 inches). This deficient practice had the potential to affect residents in the 100 hall corridor in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation on 11/20/12 with the Maintenance Supervisor during the tour from 9:00 a.m. to 1:25 p.m., there was a patient lift, medication cart, three wheel chairs, and a food cart scattered on both sides of the 100 hall corridor decreasing the corridor width to</p>	K010039		
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K010062 SS=E	<p>less than forty eight inches. This was acknowledged by the Maintenance Supervisor at the time of observation.</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 observation and interview, the facility failed to replace 5 of 5 sprinklers in the canopy at the main entrance which were corroded or loaded with dirt or foreign material. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any</p>	K010062		

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	<p>sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice had the potential to affect residents, staff, and visitors who use the main entry.</p> <p>Findings include:</p> <p>Based on observation on 11/20/12 with the Maintenance Supervisor during the tour from 9:00 a.m. to 1:25 p.m., all five sprinklers in the canopy at the main entrance had green corrosion around the frame of the sprinkler head. At the time of observation, the Maintenance Supervisor acknowledged there was green corrosion around the frame of the sprinkler heads in the canopy at the main entrance.</p> <p>3.1-19(b)</p>				

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K010064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure 2 of 20 portable fire extinguishers were given maintenance at periods not more than one year apart. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. 4-2.2 defines maintenance as a "thorough check" of the extinguisher. It is intended to give maximum assurance the extinguisher will operate effectively and safely. This deficient practice could affect mostly staff in the kitchen and basement.</p> <p>Findings include:</p> <p>Based on observation on 11/20/12 with the Maintenance Supervisor</p>	K010064			

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	<p>during the tour from 9:00 a.m. to 1:25 p.m., the annual maintenance tag attached to the portable K-class fire extinguisher located in the kitchen, and the portable fire extinguisher in the basement indicated the last annual maintenance procedure for each extinguisher was performed on 03/29/11. Based on interview at the time of the observations, the Maintenance Director acknowledged the annual maintenance for the portable fire extinguishers was missed.</p> <p>3.1-19(b)</p>			