

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155672	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2012
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NAME OF PROVIDER OR SUPPLIER HAMILTON GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 31869 CHICAGO TR NEW CARLISLE, IN 46552
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K0000	<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: 06/18/12</p> <p>Facility Number: 000427 Provider Number: 155672 AIM Number: 100275150</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hamilton Grove 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 determined to be of Type V (111) construction and was fully</p>	K0000	<p>This Plan of Correction constitutes Hamilton Grove's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of correction is submitted to meet requirements established by state and federal law.</p>	

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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident rooms and areas open to the corridors. The facility has a capacity of 85 and had a census of 77 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/27/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 5 of 5 emergency light fixtures of at least 1½ hour duration were tested annually 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 not less than 1 ½ hour duration. 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 with Director of Maintenance on 06/18/12 during the tour from 1:30 p.m. to 3:00 p.m., a battery operated emergency light was observed at the emergency</p>	K0046	<p>K 046 <i>It is the policy of Hamilton Grove to ensure Emergency lighting of at least 1 ½ hour duration is provided in accordance with LSC 7.9 19.2.9.1. NO RESIDENTS WERE ADVERSELY AFFECTED BY THIS ALLEGED DEFICIENCY</i> The five (5) exterior lights identified were time tested for 1 ½ hours on <u>June 20, 2012</u>. All five provided the required lighting as specified by LSC 7.9.2.1* These five (5) exterior emergency lights represent the total number of units servicing the HealthCare. The Maintenance Director/designee will be responsible for testing these exterior emergency lighting units annually for ninety (90) minutes and documenting the results. The outcome of these tests will be reviewed by the Administrator/designee at the end of each year. Any problems or concerns encountered during these test cycles will be reported to the Quality Assurance Committee for further evaluation recommendations. <i>This was completed on June 20, 2012</i></p>	07/18/2012	

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	generator and above all of the exit doors. Based on an interview with the Director of Maintenance at the time of observation, he stated he did not conduct an annual test on the battery operated emergency lights. 3.1-19(b)				

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K0067 SS=E	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 dampers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect any number of residents.</p> <p>Findings include:</p> <p>Based on observations with the</p>	K0067	<p>K 067 <i>It is the policy of Hamilton Grove to ensure the heating, ventilating and air conditioning comply with the provision of section of LSC 9.2 and are installed in accordance with the manufacturer's specifications. LSC 19.5.2.1, LSC 9.2, NFPA 90A, 1999 Edition, 3.4.7 NO RESIDENTS WERE ADVERSELY AFFECTED BY THIS ALLEGED DEFICIENCY</i> The four fire dampers identified on this document were replaced, fully tested and are functioning properly (in accordance with manufacturer's specifications). This was completed by our Heating, Ventilation and Air Conditioning (HVAC) vendor on Friday, July 6, 2012. In addition, the HVAC inspectors reviewed the facility's ventilation system and tested all the fire dampers servicing the health care unit. Those mechanisms found to be either inoperable or not in compliance with the manufacturer's specifications will be replaced. The Maintenance Director/designee will be responsible for biennial inspection/testing and properly lubricating every moving part of all the fire dampers servicing</p>	07/18/2012			

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	<p>Director of Maintenance on 06/18/12 during a tour from 1:30 p.m. to 2:30 p.m., fire dampers were located in the fire wall above both sets of center fire doors in the skilled hall and both sets of center fire doors in the Meadows hall for a total of four fire walls. Based on an interview with the Director of Maintenance during record review at 1:00 p.m., he could provide no documentation to show the fire dampers have been inspected.</p> <p>3.1-19(b)</p>		<p>health care. This procedure includes documenting the results of the inspections and will be made part of our ongoing preventative maintenance program. The Administrator/designee will review these findings and submit the results to the Quality Assurance Committee for further evaluation and recommendations. The date by which this will be completed is July, 18, 2012</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to provide the complete documentation for testing 1 of 1 emergency generators providing power to the health care emergency lighting systems. NFPA 99, Section 3-4.1.1.8 states the generator set shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the generator log titled "Monthly Load Test" with the Director of Maintenance on 06/18/12 at 12:15 p.m., the emergency generator was tested monthly under load for at least 30 minutes, however, the monthly load test record did not include</p>	K0144	<p>K 144 <i>It is the policy of Hamilton Grove to ensure the emergency Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. Life Safety Code 3.4.4.1. Stop watches were purchased to measure the precise number of seconds it takes for the electric power to transfer to generator power. A test was performed on June 29, 2012 at exactly 9:30 AM. There was precisely 3.4 seconds that elapsed from the time the power was switched off until the Generator engaged-well within the 10 second required time frame. The Maintenance Director/designee will modify the Generator Set Maintenance Check List, Monthly Load Test Form to include a time sequence to measure the seconds between the transfer of power from the electric service provider to the Emergency Generator. This will be done monthly during the thirty (30) minute Generator load check and recorded on the modified forms. The Administrator/designee will review these monthly to ensure compliance. Any problems encounter will be submitted to the Quality Assurance Committee for</i></p>	07/18/2012	

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	<p>the time for the transfer of power from the main source to the generator. This was acknowledged by the Director of Maintenance at the time of record review.</p> <p>3.1-19(b)</p>		<p>further evaluation and recommendations. <i>This was completed on June 29, 2012.</i></p>	