STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155305	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED CARING CENTER OF MEMORIAL HOSPITAL	800 W NINTH ST JASPER, IN 47546

(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: 04/22/15 Facility Number: 000202 Provider Number: 155305 AIM Number: 100284870 At this Life Safety Code survey, Skilled Caring Center of Memorial Hospital was found in substantial 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 was located on the fifth floor of this five story building and was determined to be of Type I (443) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The	K 000	**Credible Allegation of Compliance and Correction:** Preparation and execution of this response and plan of correction does not constitute an 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 and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation or State findings, this response and plan of correction constitutes the facility's allegation of 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:	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED
	155305		04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED CARING CENTER OF MEMORIAL HOSPITAL	800 W NINTH ST JASPER, IN 47546

(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
	facility has a capacity of 20 and had a census of 11 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.			
K 052 SS=C Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review and interview, the facility failed to ensure the documentation for the sensitivity testing of all smoke detectors was complete. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors be tested annually. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on review of the facility's sensitivity testing report in the fire alarm book on 04/20/14 at 11:05 a.m. with the Plant Technician present, the most recent sensitivity testing report dated 12/14/14	K 052	1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. Contacted SimplexGrinell and they stated they could add the sensitivity range to the new form they are using. Plant Technician placed a call to SimplexGrinell the day of the inspection, placed another call the following week and was told they would be able to add the sensitivity range to any future inspection reports after 4/29/15. Informed by the company representative that the range would not be able to be added to the past reports. He stated they cannot make any changes to the report after he generates the inspection report. 2. Describe how the facility reviewed all clients in the facility that could be affected by the	04/29/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155305	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED CARING CENTER OF MEMORIAL HOSPITAL	800 W NINTH ST JASPER, IN 47546

(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
	did not include the sensitivity range for each smoke detector. This was acknowledged by the Plant Technician at the time of record review. 3-1.19(b)		same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. Plant Engineering Supervisor and Plant Technician will monitor when the reports are turned in from SimplexGrinell when they conduct the inspection to ensure the sensitivity range is documented. In addition, Plant Engineering Supervisor and Plant Technician will be monitoring all forms from outside contractors to ensure any changes they make to the forms address Life Safety Code requirements as the forms are submitted. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made Plant Engineering Supervisor and Plant Technician will monitor when the reports are turned in from SimplexGrinell when they conduct the inspection to ensure the sensitivity range is documented. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Plant Engineering Supervisor and Plant Technician will monitor when the reports are turned in from SimplexGrinell when they conduct the inspection to ensure the sensitivity range is	

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
	155305		04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED CARING CENTER OF MEMORIAL HOSPITAL	800 W NINTH ST JASPER, IN 47546

(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
			documented. In addition, Plant Engineering Supervisor and Plant Technician will be monitoring all forms from outside contractors to ensure any changes they make to the forms address Life Safety Code requirements as the forms are submitted.	
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 1. Based on observation and interview, the facility failed to ensure ceiling tiles in 1 of 2 sprinklered smoke compartments were maintained to allow sprinkler heads to function to their full capability. This deficient practice could affect mostly staff while in the Soiled Utility room. Findings include: Based on observation on 04/22/15 at 9:30 a.m. during a tour of the facility with Administrator and the Plant Technician, the Soiled Utility room had three penetrations through the ceiling tiles where there were gaps around coaxial cables and a metal conduit that were not properly fire stopped. This was acknowledged by Administrator and the Plant Technician at the time of observation.	K 062	1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. The penetrations in the ceiling tile have been caulked with Hilti fire caulk. This was completed following the inspection on 4/22/15 The soiled utility room is a 1 hour rated room and is capable of containing the smoke and fire to that room which should prevent any potential harm to patients. Contacted Tri-State Fire Protection Inc. and had them change the gauges on our system. This was completed on 4/28/15. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. The penetrations in the ceiling tile	05/05/2015

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
	155305		04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED CARING CENTER OF MEMORIAL HOSPITAL	800 W NINTH ST JASPER, IN 47546

(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
	3.1-19(b) 2. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler system's gauge was replaced or recalibrated within the past 5 years. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-3.2 requires gauges to be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on observation on 04/22/15 at 10:33 a.m. during a tour of the facility with the Plant Technician, it was determined the pressure gauges on the sprinkler system riser had not been replaced since 2009. Based on record review at 10:50 a.m. there was no documentation to show the sprinkler system gauges had been replaced or recalibrated. During an interview at the time of record review, the Plant Technician acknowledged the the		have been caulked with Hilti fire caulk. This was completed following the inspection on 4/22/15 The soiled utility room is a 1 hour rated room and is capable of containing the smoke and fire to that room which should prevent any potential harm to patients. Contacted Tri-State Fire Protection Inc. and had them change the gauges on our system. This was completed on 4/28/15. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. Education to Plant Engineering staff that ceiling tiles are to be sealed if there is a gap over 1/8th inch at the penetrations at the May 20th Unit Meeting and begun in the shift huddles on 5/4/ and 5/5/15. See attachment A. This will be monitored by all Plant Engineering Staff with questions or concerns directed toPlant Engineering Supervisor. A Preventive Maintenance (PM) has been added for every 4 ½ years to contact our contractor and have them replace the gauges on their next visit. Since they come quarterly, this would insure the gauges are changed 1 quarter earlier then needed. Plant Technician added a section that includes the gauge change out information to the sprinkler	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155305	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED 04/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKILLED CARING CENTER OF MEMORIAL HOSPITAL	800 W NINTH ST JASPER, IN 47546

(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
	pressure gauges of the sprinkler system riser had not been replaced since 2009. 3.1-19(b)		log book. This will be monitored by Plant Engineering Supervisor and Plant Technician. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. A Preventive Maintenance (PM) has been added for every 4 ½ years to contact our contractor and have them replace the gauges on their next visit. Since they come quarterly, this would insure the gauges are changed 1 quarter earlier then needed. Plant Technician added a section that includes the gauge change out information to the sprinkler log book. This will be monitored by Plant Engineering Supervisor and Plant Technician.	