

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155325	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2012
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NAME OF PROVIDER OR SUPPLIER MEADOW VIEW HEALTH AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 900 ANSON ST SALEM, IN 47167
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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: 02/20/12</p> <p>Facility Number: 000218 Provider Number: 155325 AIM Number: 100274800</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadow View Health 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, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000)</p>	K0000		
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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>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors, and battery operated smoke detectors in all resident rooms. The facility has a capacity of 128 and had a census of 96 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/22/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0048 SS=F	<p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a complete written fire safety plan for the protection of 96 of 96 residents in the event of an emergency addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire safety plan in the</p>	K0048	<p>It is the intent of this facility to ensure that our fire safety plans are complete and meet all State and Federal requirements. No residents were found to be affected by this indicated deficiency</p> <p>The written fire safety plan has been updated to address the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system, The staff have been inserviced on fight a K class fire. The safety plan has been updated and the staff have been inserviced on how to react to a resident room battery operated smoke detector if actuated.</p> <p>The fire safety plan will be review monthly at the QA meeting for any needed up dates.</p>	03/21/2012			

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	<p>Emergency Preparedness Plan on 02/20/12 at 11:45 a.m. with the Maintenance Supervisor present, the fire safety plan did not address the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system, furthermore, the fire safety plan did not address staff reaction to a resident room battery operated smoke detector if actuated. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written fire safety plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K class fire extinguisher or staff reaction to a resident room battery operated smoke detector if actuated.</p> <p>3.1-19(b)</p>				

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K0051 SS=F	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to properly test and maintain 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 3-8.1 allows fire alarm system components to share control equipment or operate as stand alone systems, but in any case, they shall be arranged to function as a single system. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and</p>	K0051	<p>It is the intent of this facility to ensure that the fire alarm system componets operate in an area that it is most likely to be heard.No resident were affected by this indicated deficiency.A bid has been submitted to Corporate for the changes to be done so that when the system is activated that an alarm and/or signal will allert staff at the annex nursing station.</p>	03/21/2012			

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	<p>descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 02/20/12 between 12:00 p.m. and 2:00 p.m. during a tour of the facility with the Maintenance Supervisor, the fire alarm control panel (FACP) and the fire alarm communication panel (dialer) were located in the Mechanical Room. There was also an additional fire alarm annunciator panel located at the Annex (south unit) Nurses' Station. When the Digital Alarm Communicator Transmitter (DACT) in the Mechanical Room was placed in trouble from phone line failure at 1:35 p.m., the DACT did illuminate a yellow trouble signal, plus actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at the Annex Nurses' Station fire alarm annunciator panel. The Mechanical Room was located in an area that was not occupied by staff at all times of the day, and</p>			
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	<p>the local audio trouble signal at the DACT could not be heard at any of the three Nurses' Stations. Based on interview at 1:35 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to the Annex Nurses' Station fire alarm annunciator panel.</p> <p>3.1-19(b)</p>			
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K0147 SS=E	<p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure power strips or multiplug adapters were not used as a substitute for fixed wiring in 4 of 64 resident rooms. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 8 residents in resident rooms 15, 17, 25, and 117.</p> <p>Findings include:</p> <p>Based on observations on 02/20/12 between 12:00 p.m. and 2:00 p.m. during a tour of the facility with the Maintenance Supervisor, resident room 25 had a small refrigerator plugged into a power strip, resident room 15 had a bed and air mattress plugged into a power strip, resident room</p>			K0147	<p>It is the intent of this facility to not have to use power strips in the facility for medical equipment.No residents were affected my this indicated We are in the process of replacing electrical out lets in the rooms and will continue to do so until we have rooms with multiable outlets to manage the medical equipment.</p>		03/21/2012

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	<p>17 had two multiplug adapters plugged into outlets directly over both beds, however, nothing was plugged into either at the time of observation, and resident room 117 had a power strip plugged into another power strip located under bed # 1. This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>			
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