

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/14/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975
---	---

(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 0000  Bldg. 01	<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: 06/14/16</p> <p>Facility Number: 000325 Provider Number: 155379 AIM Number: 100274300</p> <p>At this Life Safety Code survey, Life Care Center of Rochester 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in the resident rooms. The facility has a capacity of 141 and had a census of 81 at the time of this survey.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/14/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975
---	---

(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 0021 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered. The facility had one detached garage used for facility storage which was not sprinklered</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist on 06/15/16</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2</p> <p>Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1</p> <p>Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. Based on observation and interview, the facility failed to ensure 1 of 2 kitchen corridor doors were held open only by a device which would allow it to close automatically upon activation of the fire</p>	K 0021	The Maintenance Director re-inserviced the dietary staff prior to June 25, 2016 regarding the need to not block or prop open doors at any time.  The Maintenance Director will	06/24/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/14/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975
---	---

(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 0025 SS=E Bldg. 01	<p>alarm system. This deficient practice could affect up to 50 residents, as well as staff and visitors in the dining area.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Plant Director on 06/14/16 at 11:30 a.m., the corridor door leading into the kitchen serving area was propped open with a fork and was blocked by a serving tray cart. Based on interview, this was acknowledged by the Plant Director at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 7 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.3 requires smoke barriers to be constructed in accordance</p>	K 0025	<p>monitor the dietary doors to ensure not propped or blocked open via weekly round audits. These audits will be conducted twice weekly for four weeks, then weekly for four weeks. The audits will be forwarded to the Quality Assurance Committee for additional recommendations as indicated. After the eight week audit, when the audits reach 95% compliance, the Quality Assurance Committee will recommend discontinuation.</p> <p>On June 20, 2016, the Maintenance Director or designee sealed the one inch penetration around the pipe in the attic. The Maintenance Director will audit the attic for other areas of smoke penetration weekly for four weeks. The audits will be forwarded to the Quality Assurance Committee for</p>	06/24/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  06/14/2016	
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER				STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975			
(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 0046 SS=C Bldg. 01	<p>with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect up to 20 residents in 2 of 8 smoke compartments.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Plant Director on 6/14/16 at 12:00 p.m., in the attic of the smoke barrier wall to Martian Hall had an unsealed one inch penetration around a pipe. Based on interview at the time of observation, the Plant Director acknowledged and provided the measurements of the penetration.</p> <p>3.1-19(b)</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>Based on observation and interview, the facility failed to ensure proper</p>	K 0046	<p>additional recommendations as indicated. After the one month audit, when the audits reach 95% compliance, the Quality Assurance Committee will recommend discontinuation.</p> <p>The Maintenance Director was re-inserviced by the Administrator prior to June 25, 2016 regarding the</p>	06/24/2016			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/14/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975
---	---

(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 0052 SS=C Bldg. 01	<p>documentation for 4 of 4 emergency light fixtures for a 30 second monthly test in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test shall be conducted on every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. 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 records review with the Plant Director on 06/14/16 at 10:00 a.m., the monthly maintenance log showed there was a 30 second monthly test conducted for the facility's emergency lighting, however, the documentation did not state which lights were inspected or where the lights were located. Based on an interview during record review, the Plant Director acknowledged there was no detailed list of a 30 second monthly test for all battery emergency lighting.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in</p>		<p>need to include documentation for the specific lights and the location of the lights that were inspected during the monthly 30 second emergency test.</p> <p>The Maintenance Director completed a 30 second test for all battery emergency lighting prior to June 25, 2016 and included documentation of the specific lights that were tested as well as the location of those lights.</p> <p>The Administrator will audit the weekly 30 second emergency lighting test documentation for one month to ensure that it includes the specific lights tested as well as the location of those lights. The audits will be forwarded to the Quality Assurance Committee for additional recommendations as indicated. After the three month audit, when the audits reach 95% compliance, the Quality Assurance Committee will recommend discontinuation.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/14/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975
---	---

(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
	<p>accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7,</p> <p>Based on record review, observation, and interview; the facility failed to ensure there was complete documentation for the testing of 69 of 69 resident room smoke alarms. 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.</p> <p>Findings include:</p> <p>Based on review with the Plant Director on 06/14/16 at 10:01 a.m., the TELS report only stated a test for the battery operated smoke alarms was conducted. No documentation was available to show which battery operated smoke alarms were inspected, where they were located, and if each alarm passed testing, furthermore, the documentation did not show when the smoke alarms were cleaned. Based on an interview during record review, the Plant Director acknowledged there was no detailed list for cleaning and testing the battery operated smoke alarms.</p>	K 0052	<p>The Maintenance Director was re-inserviced by the Administrator prior to June 25, 2016 regarding the need to includedocumentation to show which battery operated smoke alarms were inspected, wherethey are locations, if each alarm passed testing and the date that the smokealarms were cleaned during routine smoke detector testing.</p> <p>The Maintenance Director completed smoke detector testing priorto June 25, 2016 and included documentation of which battery operated smokealarms were inspected, where they are locations, if each alarm passed testingand the date that the smoke alarms were cleaned.</p> <p>The Administrator will audit the battery operated smokealarm test to ensure the test includes appropriate documentation. The audits will be forwarded to the QualityAssurance Committee for additional recommendations as indicated. When the audits reach 95% compliance, theQuality Assurance Committee will recommend discontinuation.</p>	06/24/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/14/2016
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975		
(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)				