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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155133 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 09/21/2016 |
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| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-COLUMBUS | STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MIDWAY ST COLUMBUS, IN 47201 |
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| (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 |
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| 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: 09/21/16</p> <p>Facility Number: 000058 Provider Number: 155133 AIM Number: 100283340</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-Columbus 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 with a basement was determined to be of Type V (000) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident rooms. The facility has a capacity of 212</p> | K 0000 | <p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute 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.</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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| K 0056 SS=F Bldg. 01 | <p>and had a census of 125 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 09/23/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 combustible overhang exceeding four feet was provided with sprinkler coverage. NFPA 13, 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice affects 87 residents who use the main dining room.</p> | K 0056 | <p>Kindred Transitional Care & Rehab is requesting desk review of this deficiency.</p> <p>Safecare sprinkler company has been contracted to install sprinklers in the window overhang; installation starting 10/7/16.</p> <p>Any other residents who participate in events in the dining room have the potential to be affected. The</p> | 10/14/2016 |

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| K 0062 SS=E Bldg. 01 | <p>Findings include:</p> <p>Based on observation on 09/21/16 at 12:40 p.m. with the maintenance supervisor, the dining room outside overhang, which measured four feet six inches by fifty feet long, was not provided with sprinkler coverage. Based on observation of the dining room outside overhang construction with the maintenance supervisor and interview on 09/21/16 at 12:55 p.m., it was stated the outside overhang is constructed of wooden rafters and plywood siding and does not have a fire separation where the overhang is constructed onto the facility. This was acknowledged by the administrator at the exit conference on 09/21/16 at 1:03 p.m.</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 record review and interview, the facility failed to ensure a complete flushing program was conducted after an obstruction investigation was conducted on 1 of 1 automatic dry sprinkler piping</p> | K 0062 | <p>exterior overhangs were measured. Other areas identified were the overhangs at the front entrance and at the rear door from the kitchen. The front entrance has eight dry sprinklers installed and the kitchen entrance has 3 three dry sprinklers.</p> <p>The exterior overhangs of the building were measured to ensure no other overhangs required sprinklers.</p> <p>The new sprinklers were added to the maintenance quarterly rounds for Preventative Maintenance and Contracted inspection. This information will be forwarded to Performance Improvement for review and recommendation.</p> <p>Executive Director will monitor process for continued compliance.</p> <p>Kindred Transitional Care & Rehab is requesting desk review of this deficiency. The sprinkler flushing was started on October 3, 2016.</p> | 10/21/2016 | |

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| | <p>system which indicated the presence of scale and silt buildup in the sprinkler piping. NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 10-2.3 requires if an obstruction investigation carried out in accordance with 10-2.1 indicates the presence of sufficient material to obstruct sprinklers, a complete flushing program shall be conducted. The work shall be done by qualified personnel. This deficient practice affects 37 residents who reside on the ICF Hall.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 09/21/16 at 9:10 a.m., the most recent sprinkler system internal pipe inspection from Safecare Fire & Security was dated 06/17/15. Furthermore, the results of the inspection indicated "the Viking System feeding the ICF Unit was full of rust and scale and will send quote to flush the dry pipe system feeding the ICF Unit."</p> <p>Based on an interview with the maintenance supervisor on 09/21/16 at 9:20 a.m., when asked if the sprinkler system flushing was conducted as a follow up action to the internal pipe inspection report dated 06/17/15, the maintenance supervisor stated the facility</p> | | <p>The remaining sprinkler systems did not require flushing. No other residents were affected.</p> <p>The sprinkler system will be maintained in compliance with NFPA 13; required internal flush if indicated by internal pipe inspection every 5 years.</p> <p>Monitoring of sprinkler inspections will be conducted on a quarterly basis, internal pipe condition inspection every 5 years to determine if sprinkler flush is indicated by Maintenance and licensed contracted vendor. This information will be forwarded to Performance Improvement for review and recommendation.</p> <p>Executive Director will monitor process for continued compliance.</p> | |

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| | <p>did not acquire a quote and the sprinkler system flushing was not conducted. The lack of recommended follow up action taken after the internal pipe inspection of the sprinkler system was verified by the maintenance supervisor at the time of record review and interview and acknowledged by the administrator at the exit conference on 09/21/16 at 1:03 p.m.</p> <p>3.1-19(b)</p> | | | | |