

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155605	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2012
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NAME OF PROVIDER OR SUPPLIER GRANDVIEW HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1959 E COLUMBUS ST MARTINSVILLE, IN 46151
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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: 06/05/12</p> <p>Facility Number: 000400 Provider Number: 155605 AIM Number: 100266880</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Grandview Health & 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 (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility does not have smoke</p>	K0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. We are requesting paper compliance.	

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>detectors in resident rooms. The facility has a capacity of 80 and had a census of 64 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/06/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 50 resident room corridor doors latched into the door frame. This deficient practice could affect any resident, staff or visitor in the vicinity of Room 34.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:00 a.m. to 1:10 p.m. on 06/05/12, the latching mechanism for the corridor door to resident Room 34 was stuck in the door and failed to latch the door into the door frame when the door was closed five times. Based on interview at the time of observation, the Maintenance Director stated the latching mechanism in the door wasn't functioning</p>	K0018	<p>1. The back set on the door in room # 34 was replaced immediately upon life safety exiting the building no residents were harmed.2. All residents have the potential to be affected. All doors in facility were immediately checked to make sure they latched appropriately and were in good working order.3. The maintenance supervisor was re-educated on the requirements of K0018. A quality assurance auditing tool has been implemented to ensure all doors are latching correctly and will be completed weekly x 4 weeks and monthly for 3 months and quarterly there after until compliance has been maintained for two consecutive quarters. (See attachment A). 4. Findings of these audits will be reviewed during the facility's quarterly Quality Assurance</p>	06/13/2012			

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	and acknowledged the corridor door to resident Room 34 failed to latch into the door frame when the door was closed. 3.1-19(b)		meetinga and the plan of action adjusted accordingly.		

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K0052 SS=F	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.2.5.2 states connections to the light and power service shall be on a dedicated branch circuit(s). Circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. The location of the circuit disconnecting means shall be permanently identified at the fire alarm control unit. NFPA 72, 1-5.2.5.3 states an overcurrent protective device of suitable current carrying capacity and capable of interrupting the maximum short circuit current to which it may be subject shall be provided in each ungrounded conductor. The overcurrent protective device shall be enclosed in a locked or sealed cabinet located immediately adjacent to the point of connection to the light and power conductors. This deficient practice could affect all residents, staff and visitors.</p>	K0052	<p>1. No residents were harmed. Immediately following life safety surveyor exit, a circuit breaker handle lockdog was ordered. (See attachment B). On 6/11/12 it arrived at the facility and was immediately installed to the circuit breaker for the fire alarm system.</p> <p>2. All residents have the potential to be affected. The lockdog was installed to the circuit breaker for the fire alarm system. 3. The maintenance supervisor was re-educated on the tag K0052. The quality assurance audit to ensure the fire alarm system's circuit breaker is locked in the on position. A quarterly assurance monitoring tool has been implemented and will be completed weekly x 4 weeks and then monthly x 3 months, then quarterly until 2 consecutive quarters of compliance are maintained. (See attachment A)4. Findings of these audits will be reviewed during the facilities quarterly quality assurance meetings and the plan of correction adjusted accordingly.</p>	06/13/2012			

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	<p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:00 a.m. to 1:10 p.m. on 06/05/12, access to the fire alarm system breaker located in the West Emergency Panel in the West Hallway was not locked. Based on interview at the time of observation, the Maintenance Director acknowledged access to the fire alarm system breaker located in the West Emergency Panel in the West Hallway was not locked.</p> <p>3.1-19(b)</p>						

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K0147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 extension cords including powerstrips and nonfused multiplug adapters were not used as a substitute for fixed wiring. 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 residents, staff and visitors in the vicinity of resident Room 24 and resident Room 10.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 11:00 a.m. to 1:10 p.m. on 06/05/12, a Packaged Terminal Air Conditioning (PTAC) unit was plugged into a power strip and not directly into a wall outlet in resident Room 24 and a refrigerator was plugged into a power strip and not directly into a wall outlet in resident Room 10. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged a PTAC unit and a refrigerator were each plugged into a power strip and not directly into a wall outlet in the</p>	K0147	<p>1. No residents were harmed. The air conditioner in room 24 was immediately unplugged from power strip and plugged directly into a wall outlet immediately. The refrigerator in room 10 was directly plugged into a wall outlet immediately. 2. All residents have the potential to be affected. All rooms were immediately checked to ensure all electrical appliances were plugged in to an appropriate outlet.3. The maintenance supervisor was re-educated on the requirements of K0147. All staff have educated on appropriate use of power strips. (Attachment C) A quality assurance monitoring tool has been implemented and will be completed weekly x 4 weeks, monthly x 3 months and quarterly until 2 consecutive quarters of compliance are maintained. (See attachment A). 4. Findings of these audits will be reviewed during the facilities quarterly quality assurance meetings and the plan of action adjusted accordingly.</p>	06/13/2012			

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