

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/31/2016
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ALLISON POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250
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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: 03/31/16</p> <p>Facility Number: 000172 Provider Number: 155272 AIM Number: 100267130</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-Allison Pointe 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 and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms.</p>	K 0000		
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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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K 0021 SS=D Bldg. 01	<p>The facility has a capacity of 160 and had a census of 101 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility storage services which were each not sprinklered.</p> <p>Quality Review completed on 04/05/16 - DA</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 Laundry</p>	K 0021	K021 1.TheLaundry Room Doors were immediately closed.	04/01/2016			

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K 0029 SS=D Bldg. 01	<p>Room hazardous area door sets were held open only by a device arranged to automatically close the door upon activation of the fire alarm system. This deficient practice could affect 5 staff and residents and visitors in the vicinity of the Laundry.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:45 p.m. on 03/31/16, Hoyer lift strips attached to a wall hanger were also wrapped around the door handle of the west door in the door set to the dryer side of Laundry which propped the door in the fully open position. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned door was propped in the fully open position and would not automatically close the door upon activation of the fire alarm system.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the</p>		<p>2.Ahouse wide assessment of hazardous area doors was conducted by Maintenance4.1.16</p> <p>3.Maintenanceand Housekeeping was inserviced on not propping doors open.</p> <p>4.Systemicchanges are Maintenance Manager will verify laundry doors are closed Mondaythrough Friday via log.</p> <p>5.MaintenanceManager will deliver log to ED weekly to sign and results will be reviewed atmonthly Performance Improvement Committee meeting for any furtherrecommendations for 90 days. ExecutiveDirector will monitor for continued compliance.</p>	

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	<p>areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 10 hazardous areas such as laundries greater than 100 square feet in size were separated from other spaces by smoke resistant partitions and doors. Doors to hazardous areas are self closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 5 staff and visitors in the vicinity of the Laundry.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:45 p.m. on 03/31/16, Hoyer lift strips attached to a wall hanger were also wrapped around the door handle of the west door in the door set to the dryer side of the Laundry which propped the door in the fully open position. Based on interview at the time of observation, the Maintenance Director acknowledged propping open the west door of the door set to the aforementioned hazardous area failed to separate this area from other spaces by smoke resistant partitions and doors.</p>	K 0029	<p>K029 1). The Laundry Room Doors were immediately closed 2. House wide assessment of all hazardous areadoors was conducted by maintenance 4.1.16 3). Maintenance and Housekeeping was inserved on Fire Rated Doors. 4). Systemic changes are Maintenance Manager will verify laundry doors are closed Monday through Friday via log. 5). Maintenance Manager will deliver log to ED weekly to sign and results will be reviewed at monthly Performance Improvement Committee meeting for any further recommendations for 90 days. Executive Director will monitor for continued compliance.</p>	04/01/2016

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K 0154 SS=C Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 101 of 101 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Watch" documentation with the Director of</p>	K 0154	<p>K154 1). Fire Watch phonenumber was updated immediately to include Safe Care monitoring company. 2). Maintenance staffwas inserved on Fire Watch policy 3). Systemic changesincluded reviewing Fire Watch policy monthly. 4). MaintenanceManager and ED will review Fire Watch policy in monthly Performance ImprovementCommittee meeting for further recommendations indefinitely. 5). Executive Directorwill monitor for continued compliance.</p>	04/01/2016

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	<p>Maintenance during record review from 9:25 a.m. to 11:20 a.m. on 03/31/16, the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the current fire alarm system monitoring company. The aforementioned fire watch policy stated to contact "Risk Management" should the automatic sprinkler system be impaired for four hours or more in a 24 hour period. Based on interview at the time of record review, the Director of Maintenance stated SafeCare is the current fire alarm system monitoring company not Risk Management who is part of Kindred Transitional Care and acknowledged the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the current fire alarm system monitoring company.</p> <p>3.1-19(b)</p>			