

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155273	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/09/2015
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NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4255 MEDWELL DR NEWBURGH, IN 47630
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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: 09/09/15</p> <p>Facility Number: 000173 Provider Number: 155273 AIM Number: 100290920</p> <p>At this Life Safety Code survey, Cypress Grove 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) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 90 and had a census of 69 at the time of this</p>	K 0000	<p>Plan of Correction for Cypress Grove Rehabilitation Center 2015 Annual LifeSafety Survey</p> <p>The creation and submission of this Plan of Correction doesnot constitute an admission by this provider of any conclusion set forth in thestatement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan ofCorrection be considered the Letter of Credible Allegation and requests a PostCertification Desk Review in lieu of the Post Survey Revisit on September 14,2015</p>	
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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 0062 SS=E Bldg. 01	<p>survey.</p> <p>All areas where the residents have customary access were sprinklered.</p> <p>There were four, eight foot by twelve foot, and one, twelve foot by sixteen foot wood framed portable sheds located outside the east unit east exit and filled with activity storage, Central Supply storage, Dietary storage, and Therapy storage, which were not sprinklered.</p> <p>Quality Review completed 09/10/15 - DA</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>1. Based on observation and interview, the facility failed to ensure 1 of over 500 sprinkler heads in the facility were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could one resident and staff while in the Gardens Main Shower room.</p>	K 0062	<p>K 062</p> <p>1.What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The sprinkler head located over the linen cart in the Gardens Main Shower room has been replaced and is free of corrosion.</p> <p>The two quick response sprinkler head in Medical Records have been replaced with standard response sprinkler heads.</p> <p>The quick response sprinkler head in</p>	09/14/2015			

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	<p>Findings include:</p> <p>Based on observation on 09/09/15 at 11:55 a.m. during a tour of the facility with Maintenance Supervisor, the sprinkler head located over the linen cart in the Gardens Main Shower room had green corrosion on the fusible link. This was acknowledged by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure only one type of sprinkler head, i.e., quick response or standard sprinklers was installed in a compartmented space in 3 of 8 smoke compartments. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect any number of residents as well as staff and visitors while in the Medical Records office, Room 155, and the Administrator's Office.</p> <p>Findings include:</p> <p>Based on observations on 09/09/15</p>		<p>room 155 has been replaced with standard response sprinkler head. The quick response sprinkler head in the Administrator's office has been replaced with standard response sprinkler head.</p> <p>1. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. An audit was completed and there were no other compartmented spaces in the facility that have a combination of both quick response sprinkler head and standard response sprinkler heads.</p> <p>1. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The Director of Maintenance has been in-serviced by the ED/designee on NFPA 25 (Standards for Inspection, Testing, and Maintenance) and NFPA 13 1999 Edition (Installation of Sprinkler). The Director of Maintenance/designee will inspect all sprinkler heads prior to installation in the facility to ensure a combination of quick response sprinkler head and standard response sprinkler heads are not being used in any compartmented</p>	

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	<p>between 11:30 a.m. and 1:30 p.m. during a tour of the facility with Maintenance Supervisor, the following was noted:</p> <p>a. The Medical Records office had a mixture of two quick response sprinkler heads and two standard response sprinkler heads.</p> <p>b. Room 155 had a mixture of one quick response sprinkler head and one standard response sprinkler head.</p> <p>c. The Administrator's Office had a mixture of one quick response sprinkler head and one standard response sprinkler head.</p> <p>This was acknowledged by Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		<p>space.</p> <p>1.How the corrective action(s) will bemonitored to ensure the deficient practice will not recur, i.e., qualityassurance program will be put into place?</p> <p>To ensure compliance ED/designee will audit maintenance workorders daily that are related to sprinkler heads to ensure quick responsesprinkler head and standard response sprinkler heads are not being installed together ina compartmented spaces X 4 weeks, monthly X 6 and then quarterly untilcontinued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewedbe the CQI committee overseen by the ED. If threshold of 100% is not achievedan action plan will be developed to ensure compliance.</p> <p>1.Date of compliance: September, 14 2015</p>		