

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/19/2011
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NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN46131
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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: 12/19/11</p> <p>Facility Number: 001127 Provider Number: 155771 AIM Number: 200247220</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Franklin United Methodist Community 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>The Franklin United Methodist Community consists of four separate buildings constructed at four different times. Building # 1 built in 1957 is a three story, now sprinklered building of Type I (332) construction with a basement. Building # 2 built in 1980 is a</p>	K0000	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiency herein. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that the deficiency cited has been corrected by the date certain	

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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K0048 SS=E	<p>three story, sprinklered building of Type I (332) construction with a basement. Building # 3 built in 1992 is a one story, sprinklered building of Type I (332) construction with a basement. Building # 4 built in 2000 is a three story, sprinklered building of Type I (332) construction. Because all buildings are the same type of construction, the facility was surveyed as one building.</p> <p>The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and only in resident sleeping rooms on Dementia unit. The healthcare portion of the facility has a capacity of 147 and had a census of 138 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/27/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p>				

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	<p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any resident, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a record review of the facility's written fire disaster plan on 12/19/11 at 4:45 p.m. with the Maintenance Supervisor, the fire disaster plan did not include the use of ABC or the K class fire extinguishers located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on an interview on 12/19/11 at 4:50 p.m. with the Maintenance Supervisor, it was acknowledged the written fire safety plan</p>	K0048	A new "FUMC Fire Safety Plan for Kitchen Fires" policy has been written and adopted by the QA Committee and is being implemented. This policy includes the use of ABC and K-type class fire extinguishers. Completion date: 1/13/12	01/13/2012	

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K0051 SS=F	<p>for the facility did not include mention of the ABC or K class fire extinguishers.</p> <p>3.1-19(b)</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could</p>	K0051	Fire alarm circuit breaker has been colored red and the breaker has been locked, accessible only to authorized personnel. Labeling for the Fire Alarm Circuit Control has been added. Completion date: 1/2/12	01/02/2012	

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K0144 SS=F	<p>affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/19/11 at 3:10 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker was not identified with red marking and with Fire Alarm Circuit Control. Furthermore, it was not locked to prevent unauthorized access. Based on interview on 12/19/11 at 3:15 p.m. with the Maintenance Supervisor, it was acknowledged the circuit breaker for the fire alarm system was not identified or locked to deny access from unauthorized personnel.</p> <p>3.1-19(b)</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby</p>	K0144	Per conversation with life safety specialist during survey visit, FUMC staff noted installation was prior to 2004, not after as indicated on the written CMS-2567. FUMC Maintenance Supervisor contacted Cummins Generator service provider to confirm status of generator requirement for the unit that was installed in 1979. The generator meets regulations for a generator	01/13/2012			

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	<p>Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 12/19/11 at 12:45 p.m. with the Maintenance Supervisor, a remote shut off device was not found for the generator. Based on review of Generator Maintenance records on 12/19/11 at 3:30 p.m. with the Maintenance Supervisor, the generator was installed after 2004 and a remote means to shut off the generator was not provided. Based on interview on 12/16/11 at 12:48 p.m., with the Maintenance Supervisor, it was acknowledged the facility was aware a remote shut off for the generator was required and it was on order.</p>		<p>installed in 1979. FUMC Maintenance Supervisor contacted Cummins Generator service provider to ask for assistance in providing proper documentation on Generator Log records to demonstrate the number of seconds for the generator to transfer load. A system has been put in place to appropriately acknowledge the test and record the transfer time each month, within the ten second or less standard. Completion date: 1/13/12</p>		

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	<p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to document the alternate source of power from the generator was capable of automatically connecting to load within 10 seconds for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-6.3.1.2 requires the emergency system to be arranged so, in the event of failure of the normal power source, the alternate source of power will automatically connect to load within 10 seconds. This deficient practice could affect all occupants in the facility as well as visitors and staff if it could not be assured all residents were safeguarded by the facility with a generator which would operate under load conditions when needed during a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 12/19/11 at 3:30 p.m. with the Maintenance supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview on 12/19/11 at 3:33 p.m. with the</p>				

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	Maintenance Supervisor, it was acknowledged the information on the time of load transfer had not been recorded for the past twelve months but he believed it did transfer in ten seconds or less. 3.1-19(b)				