

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 02/14/2012
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NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/19/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/14/12</p> <p>Facility Number: 001127 Provider Number: 155771 AIM Number: 200247220</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR 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</p>	K0000	<p>The statements made in 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.</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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	<p>(332) construction with a basement. Building #2 built in 1980 is a 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 99 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/17/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0144 SS=F	<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>Based on observation 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 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 02/14/12 at 12:45 p.m. with the Maintenance Supervisor, no evidence of a remote shut off device was found for the generator. Based on interview on</p>			K0144	<p>Deficiency cited on December 19, 2011 with re-visit on February 14, 2012 and notice dated February 23, 2012, was corrected on February 23, 2012. Facility has had installed a remote manual stop station for the emergency generator. Verbal confirmation of the correction made and compliance was telephoned to the Indiana State Department of Health Life Safety Division on February 23, 2012, as a follow-up to the previous phone conversation clarification. The Director of Building Services is responsible for the on-going compliance. Substantial compliance was completed on February 23, 2012.</p>		02/23/2012

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	<p>02/14/12 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, but it has not been installed.</p> <p>This deficiency was cited on 12/19/11. The facility failed to implement a systematic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			
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