

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155503	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/12/2014
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NAME OF PROVIDER OR SUPPLIER  EXCEPTIONAL LIVING CENTER OF BRAZIL	STREET ADDRESS, CITY, STATE, ZIP CODE 501 S MURPHY AVE BRAZIL, IN 47834
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K010000	<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: 05/13/14</p> <p>Facility Number: 000514 Provider Number: 155503 AIM Number: 100266800</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Exceptional Living Center of Brazil 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 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 in spaces open to the corridors. Resident rooms are equipped</p>	K010000		

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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K010029 SS=E	<p>with battery powered smoke detectors. The facility has a capacity of 105 and had a census of 94 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached garage providing a general maintenance storage facility which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/15/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ 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 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>			

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	<p>Based on observation and interview, the facility failed to ensure 1 of 10 doors to hazardous areas such as the kitchen would latch. Doors to hazardous areas are required to latch in the door frame when closed to keep the door tightly closed. This deficient practice affects visitors, staff and 6 or more residents in the small dining room.</p> <p>Findings include:</p> <p>Based on observation with the plant operations director and executive director on 05/12/14 at 1:30 p.m., the self closing corridor door between the kitchen and small dining room was closed. The door could be opened without turning the door knob. Upon closer inspection by the maintenance director at the time of observation, the latch was stuck and couldn't latch into the door frame despite his attempt to immediately resolve the problem. He said he would have to replace the mechanism.</p> <p>3.1-19(b)</p>	K010029	<p>This plan of correction constitutes my written allegation of compliance for the alleged deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law. Plan of Compliance is effective May 27, 2014 <b>K-029</b> NFDA 101 Life Safety Code Standard One Hour fire rated (with ¾ hour fire rated doors) or approved automatic fire extinguishing systems in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous area.</p> <p>1. The Maintenance Director/Designee installed a new door knob mechanism to the door indicated per the alleged deficiency. (05/14/2014) 2. The Maintenance Director/Designee will check all other required areas for proper functioning of door knob mechanisms requiring self closing devices. Any areas in need of repair facility employee will immediately make the repair with required door knob mechanism for required self closing devices. (05/20/2014) 3. The Maintenance Director/Designee will check all door knob mechanisms requiring self closing devices to ensure that the facility is meeting the alleged deficient practice. This will be done through the facility's monthly and on an as needed basis</p>	05/27/2014			

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K010143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 rooms where liquid oxygen transferring takes place was provided with continuous mechanical ventilation to the outside. This deficient practice affects visitors, staff and 10 or more residents in the west smoke compartment where physical</p>	K010143	<p>preventative Maintenance Program (see attachment A )</p> <p>4. The Maintenance Director/Designee will review Preventative Maintenance form with the Executive Director on a monthly/PRN basis. Preventative Maintenance form will be reviewed at Monthly Q.A.Meeting. Compliance Date: 05/27/2014</p> <p><b>K143</b> <b>NFPA 101 Life Safety Code Standard Transferring of oxygen is in an area mechanically ventilated, sprinkle red, and has ceramic or concrete flooring.</b> <b>1) The Maintenance Director/Designee immediately</b></p>	05/27/2014	

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	<p>therapy is provided.</p> <p>Findings include:</p> <p>Based on observation on 05/12/14 at 2:35 p.m. with the executive director and the director of plant operations, the executive director identified the oxygen transfer and storage room located on the south hall. The mechanical vent for the room was running, but a switch located on the wall turned the vent off. At the time of observation, the director of plant operations pointed out a piece of plastic attached to the switch plate. He said it had been part of an installation to prevent the switch from being turned off and had been broken. He and the executive director acknowledged at the time of observation, turning the vent off did not provide the continuous mechanical ventilation required for the oxygen transfilling room.</p> <p>3.1-19(b)</p>		<p><b>checked the 1 of 1 rooms where liquid oxygen transferring takes place and continuous mechanical ventilation to the outside occurs per state and federal guidelines. The Maintenance Director/Designee secured switch that controls the mechanical vent so that the switch cannot be switched to the off position to ensure that the mechanical vent functions continuously to provide mechanical ventilation to the outside. (Completed 05/14/2014)</b></p> <p><b>2) Residents, staff and visitors that would be present within this area smoke compartment could be affected by the alleged deficiency. The Maintenance Director/Designee secured switch that controls the mechanical vent so that the switch cannot be switched to the off position to ensure that the mechanical vent functions continuously to provide mechanical ventilation to the outside. (Completed 05/14/2014)</b></p> <p><b>3) The Maintenance Director/Designee will inspect the mechanical vent and switch on a weekly/as needed basis. The outcome will be documented on the Oxygen Preventative Maintenance Task</b></p>		

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			<p><b>Form to ensure that the mechanical vent functions continuously and is in compliance with state and federal guidelines. (SEE ATTACHEMNT B)</b></p> <p><b>4) The Maintenance Director/Designee will review the Oxygen Preventative Maintenance Task Form with the Executive Director on a monthly/as needed basis to ensure compliance with state and federal guidelines. Oxygen Preventative Maintenance Task Form will be reviewed at Monthly Q.A.Meeting.</b></p> <p><b>Compliance date: 05/27/2014</b></p>	