

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2016
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SELLERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 03/29/16</p> <p>Facility Number: 010613 Provider Number: 155659 AIM Number: 200221040</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-Sellersburg 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 fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms with a battery backup that alarm at the central nurses</p>	K 0000	<p>This Plan of Correction is the center's credible allegation of compliance Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of conclusions set forth in the statement of deficiencies The plan of correction is prepared and/or executed sole bee it I required by the provision of federal ad state law</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 0067 SS=F Bldg. 01	<p>station. The facility has a capacity of 110 and had a census of 87 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has one detached wooden garage used for storage which is not sprinkled.</p> <p>Quality Review completed on 03/31/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 5 of 5 resident egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all resident in the facility.</p>	K 0067	<p>It is the practice of this center to assure that all HVAC systems comply with NFPA 90A at all times. Kindred Transitional Care & Rehabilitation Sellersburg would like to request a waiver of K67 NFPA 90A lifesafety code standard. We request a waiver for K-67 as this deficiency would not adversely affect the health and safety of the patients/residents here in our facility based on the following: 1.We are a fully sprinkled facility meeting the Type V (111) minimum. In addition we have fast response sprinkler heads installed throughout the facility; we have quarterly</p>	03/29/2016			

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	<p>Findings include:</p> <p>Based on observations on 03/29/16 during a tour of the facility from 8:55 a.m. to 12:00 p.m. with the maintenance supervisor, all resident rooms in the facility used the egress corridors as a return air system. This was verified by the maintenance supervisor at the time of observations and confirmed by the director of nursing at the 12:00 p.m. exit conference on 03/29/16.</p> <p>3.1-19(b)</p>		<p>inspections by licensed Sprinkler contractor of the fire protection sprinkler system to insure proper operation. 2. We are fully monitored by a Smart Fire Alarm system, with Smoke and heat detectors in all hallways tied to fire alarm system. In addition all resident rooms are hardwired with smoke detectors, with battery back up tied into separate alarm system at the nurse's station. 3. We have HVAC fan shut down circuits tied into the fire alarm system to shut units down upon activation, in addition we have fire dampers installed in main trunk lines to seal off supply and return ductwork to prevent the transmission of smoke. 4. Our fire Alarm and tie in HVAC circuits are inspected quarterly for proper operation by licensed Fire alarm and HVAC contractors. 5. We are inspected by the local Fire Department on their time table at least annually for compliance with all NFPA Fire regulations. 6. We conduct fire drills as required 1 drill per shift, per month, per quarter, and in addition we conduct fire drills on all three shifts monthly around the shift for competency, and to insure compliance with Race procedures. 7. We conduct annually fire extinguisher hands on training. Please see attached letter of explanation, waiver request and proposal. (Attachments A, B & C)</p>	