

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 12/06/2012
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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
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: 12/06/12</p> <p>Facility Number: 010613 Provider Number: 155659 AIM Number: 200221040</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</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 sprinklered. 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</p>	K0000	<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 or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	

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>resident sleeping rooms with a battery backup that alarms at the central nurses' station. The facility has a capacity of 110 and had a census of 99 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage which is not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0067 SS=F	<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 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> <p>Findings include:</p> <p>Based on observations on 12/06/12 during a tour of the facility from 9:15 a.m. to 12:45 p.m. with the maintenance director, all resident rooms in the facility used the egress corridors as a return air system. This was verified by the maintenance director at the time of observations and confirmed by the administrator at the 1:00 p.m. exit conference on 12/06/12.</p> <p>3.1-19(b)</p>	K0067	<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 life safety 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:</p> <p>1.We are a fully sprinkled facility meeting the Type V (111) minimum. In addition we have fast response sprinkler heads installed through out the facility; we have quarterly inspections by licensed Sprinkler contractor of the fire protection sprinkler system to insure proper operation.</p> <p>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.</p> <p>3.We have HVAC fan shut down circuits tied into the fire alarm system to shut units down</p>	12/18/2012			

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			<p>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.</p> <p>4. Our fire Alarm and tie in HVAC circuits are inspected quarterly for proper operation by licensed Fire alarm and HVAC contractors</p> <p>5. We are inspected by the local Fire Department on their time table at least annually for compliance with all NFPA Fire regulations.</p> <p>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.</p> <p>7. We conduct annually fire extinguisher hands on training. Please see attached letter of explanation, waiver request and proposal. (Attachments A, B & C)</p>		