

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155379	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/21/2014
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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975
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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: 05/21/14</p> <p>Facility Number: 000325 Provider Number: 155379 AIM Number: 100274300</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Care Center of Rochester 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in the resident rooms. The facility has a</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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K010062 SS=F	<p>capacity of 141 and had a census of 93 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had one detached garage used for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/29/14.</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 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation, record review and interview; the facility failed to ensure 2 of 2 pressure gauges for the sprinkler system in the Riser room were continuously maintained in reliable</p>	K010062	<p>1. Two pressure gauges in the sprinkler riser room on 100 west hall had manufacturer's dates of 2008. Vendor contacted on June 2, 2014 to replace all outdated water and air gauges on June 10, 2014.</p>	06/10/2014

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	<p>operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 05/21/14 at 1:38 p.m. with the Maintenance Supervisor, two pressure gauges in the sprinkler riser room on 100 west hall had manufacturer's dates of 2008. Based on Sprinkler Inspection Records review on 05/21/14 at 4:15 p.m. with the Maintenance Supervisor, documentation did not reveal the sprinkler system gauges had been calibrated since the last date. Based on interview on 05/21/14 concurrent with the observation it was acknowledged by the Maintenance Supervisor the pressure gauges had exceeded the five year requirement for recalibration or replacement.</p> <p>3.1-19(b)</p>		<p>2. No other gauges were identified as being out of compliance.</p> <p>3. Maintenance Director has been educated to check gauges every 6 months and to ensure vendor reviews are followed up with timely. Maintenance Director will audit all sprinkler and vendor's reports for any repairs that were identified. Gauges will be monitored every 6 months for 12 months.</p> <p>4. Results of audits will be submitted to QA monthly to ensure compliance.</p> <p>5. Completion date: June 10,2014</p>	

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K010068 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 Based on observation and interview, the facility failed to ensure 4 of 4 gas dryers in the laundry room and 1 of 1 gas furnaces and 1 of 1 gas water heaters in soiled utility all on 300 hall west were provided with intake combustion air from the outside for rooms containing fuel fired equipment. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for 18 residents on 300 hall west as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 05/21/14 during the tour between 2:07 p.m. to 2:20 p.m. with the Maintenance Supervisor, the four gas fueled dryers in the laundry room and the gas furnace and gas water heater in soiled utility all located on 300 hall west did not have a fresh air intake. Based on interview on 05/21/14 concurrent with the observations it was acknowledged by the Maintenance Supervisor a fresh air intake for the aforementioned gas appliances could not be located and was thought it did not</p>	K010068	<ol style="list-style-type: none"> <li>Air intake from the outside for rooms containing fuel fired equipment not available in laundry room and in soiled utility room. A fresh air intake was installed in the laundry room on June 4, 2014 and in the soiled utility on June 9, 2014.</li> <li>One fuel fired equipment area was identified as being out of compliance.</li> <li>Maintenance Director has been educated on the requirements on fueled equipment. Maintenance Director will evaluate any new equipment purchased to ensure fresh air intake is available monthly for 6 months.</li> <li>Results of audits will be submitted to QA monthly to ensure compliance.</li> <li>Completion date: June 20,2014</li> </ol>	06/20/2014

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K010147 SS=E	<p>exist.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 surge protectors observed in resident rooms, including extension cords, non-fused extension cords and/or multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 residents in room 108 and 2 residents in room 110 as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 05/21/14 at 1:11 p.m. and 1:16 p.m., a surge protector was used to provide power to medical</p>	K010147	<p>1. Power lift recliner and medical device plugged into outlet on May 21, 2014. Additional outlet for Room 210 was added on May 23, 2014. 2. No other recliners or equipment identified. 3. Maintenance Director has been educated on the requirements for medical equipment including recliners. All staff have been educated on the use of power strips. Maintenance Director audit outlets 3x/week for 6 months. 4. Results of audits will be submitted to QA monthly to ensure compliance.5. Completion date: June 9,2014</p>	06/09/2014

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	<p>equipment such as a power lift chair in resident room 108 and a surge protector was used to power a nebulizer for the resident in room 110 instead of directly plugging the chair and the nebulizer into a wall outlet. Based on interview on 05/21/14 concurrent with the observations, it was acknowledged by the Maintenance Supervisor a surge protector was used for the aforementioned medical devices.</p> <p>3.1-19(b)</p>				