

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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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: 12/18/14</p> <p>Facility Number: 000123 Provider Number: 155218 AIM Number: 100266720</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Kindred Transitional Care and Rehabilitation-Dyer 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 hard wired smoke detection in the corridors; spaces open to the corridors and in resident sleeping</p>	K010000		
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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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K010062 SS=E	<p>rooms. The facility has the capacity of 164 and had a census of 118 at the time of the survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for a detached equipment storage building.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/22/14.</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, the facility failed to ensure sprinkler heads providing protection for 3 of 13 smoke compartments were maintained. This deficient practice could affect staff, visitors and 10 or more residents in the dining room and east central smoke</p>	K010062	K062 This Plan of Correction constitutes my written allegation of compliance for the 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 of Correction is submitted to meet requirements	01/17/2015			

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K010070 SS=E	<p>compartments.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 12/18/14 between 10:30 a.m. and 2:00 p.m., sprinkler head escutcheons were missing sprinkler heads in the housekeeping storage room (two), the E wing respiratory supply storage room and the east wing clean utility room. The maintenance director said, at the time of observations, he did not realize these sprinkler installations were incomplete.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such</p>		<p>established by state and federal law. We respectfully request a Desk Review of this Plan of Correction. Sprinkler head escution rings were replaced in the housekeeping storage room, the East wing respiratory supply room and the east wing utility room. Because sprinklers are throughout the building all residents can be affected. All maintenance & housekeeping staff will be inserviced by the administrator/SDC on observation of sprinkler heads and importance of reporting and having any irregularities replaced. The sprinkler head escution rings will be reviewed in all areas of the building quarterly so all sprinkler heads will be observed no less than quarterly by maintenance director/designee. Any irregularity will be repaired immediately. These audits will be presented to Facility safety meeting on a monthly basis to note compliance. Recommendations of these audits will be given and enacted upon for a minimum of 6 months and 100% compliance achieved. Completion January 17, 2015</p>		

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	<p>devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation and interview, the facility failed to provide evidence 1 of 1 space heaters was equipped with a heating element which would not exceed 212 degrees Fahrenheit (F). This deficient practice affects visitors, staff and 10 or more residents in the smoke compartment shared with the dining room.</p> <p>Findings include:</p> <p>Based on observation on 12/18/14 at 11:40 a.m., a portable space heater sat on a desk in the business office with records and files. Staff #1 confirmed at the time of observation the unit was a space heater. The maintenance director said at the time of observation, the use of space heaters was prohibited everywhere in the building and inservices had been conducted for all staff. The maintenance director also confirmed, he had no evidence the space heater elements would not exceed the 212 F degree limit.</p> <p>3.1-19(b)</p>	K010070	<p>K070 This Plan of Correction constitutes my written allegation of compliance for the 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 of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p> <p>The portable space heater was immediately removed from the facility.</p> <p>Because anyone can bring a space heater into the building all residents can be affected.</p> <p>All staff will be inserviced by the SDC/designee on observation of any inappropriate items, i.e. space heater. These must be reported to supervisor/maintenance/administration immediately for removal.</p> <p>Specific areas will be monitored in the building on rounds weekly so all areas will be observed no less than monthly by the maintenance director/designee. Any inappropriate items will be removed immediately.</p> <p>These audits will be presented to Facility safety committee on a monthly basis to note compliance. Recommendations of these audits will be given and enacted upon for a</p>	01/17/2015			

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K010147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure electrical wiring and equipment in 1 of 1 sprinkler riser rooms was in compliance with NFPA 70, National Electrical Code, NFPA 70, 1999 edition, Article 300-11(a) states raceways, cable assemblies, boxes, cabinets and fittings shall be securely fastened in place. This deficient practice could affect 2 or more staff and venders in the sprinkler riser room.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 12/18/14 at 12:50 p.m., a electrical receptacle box was dangling from unsecured conduit on one wall of the sprinkler riser room. The maintenance director acknowledged at the time of observation the conduit and box should have been secured to the wall.</p> <p>3.1-19(b)</p>	K010147	<p>minimum of 6 months and 100% compliance achieved.</p> <p>Completion January 17, 2015</p> <p>K147 This Plan of Correction constitutes my written allegation of compliance for the 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 of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction.</p> <p>The electrical receptacle box has been removed from the sprinkler riser room and area sealed off.</p> <p>All staff will be inserviced by the administrator/SDC on observation of electrical and importance of reporting and having all irregularities repaired.</p> <p>All sprinkler riser rooms will be monitored weekly by the maintenance director/designee and inspected quarterly by sprinkler contractor. Any areas needing repair will be completed immediately.</p> <p>These audits will be presented to Facility safety</p>	01/17/2015			

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			<p>committee on a monthly basis to note compliance.</p> <p>Recommendations of these audits will be given and enacted upon for a minimum of 6 months and 100% compliance achieved.</p> <p>Completion January 17, 2015</p>		