

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2013
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NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
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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: 07/15/13</p> <p>Facility Number: 000291 Provider Number: 155404 AIM Number: 100286710</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Essex Nursing and Rehabilitation Center 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 II (222) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and spaces open to the corridors. Resident rooms are</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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	<p>equipped with battery powered smoke detectors. The facility has the capacity for 38 residents and had a census of 34 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has four detached equipment storage buildings which were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/17/13.</p>			

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K010061 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler system Post indicator valves was supervised. NFPA 101, 9.7.2.1 requires supervisory attachments shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system. Monitoring shall include control valves such as the post indicator valve. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation on 07/15/13 at 11:30 a.m., the post indicator valve (PIV), a control valve for the automatic sprinkler system was located in the front of the facility. The PIV was padlocked but there was no evidence of any electronic supervision. On 07/15/13 at 11:30 a.m., the maintenance director said the valve was not supervised but the fire department had a key to the pad lock, "but they'd cut it off anyway." He acknowledge there was no supervisory attachment in place.</p>	K010061	<p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice: Safe Care has been contracted to correct the issue so that an alarm will sound when the valve is closed. (b) How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken All residents had the potential to be affected however none were identified. Safe Care has been contracted to correct the issue so that an alarm will sound when the valve is closed. (c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The Maintenance Director will be in-serviced by safe care as to the operations of the new system that will be installed. The Maintenance Director will in-service all staff on the operation of the new alarm. (d) How the corrective actions(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: The monitoring of this tag will be a joint effort between the NHA</p>	08/13/2013			

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	3.1-19(b)		and Maintenance Director. The Maintenance Director will perform Monthly testing as part of the Preventative Maintenance program. A Report of findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met.		

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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 flexible cords and multi tap adapters were not used as a substitute for fixed wiring in 1 of 6 hazardous areas. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires that, 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 any resident, 1 staff, and visitors in the laundry.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 07/15/13 at 12:20 p.m., an extension cord plugged into a multi tap adapter was used to supply power to soap dispenser in the laundry. The maintenance director said at the time of observation, the GFCI outlet normally used to supply power to the equipment had water drip on it from a leak above and it was out of service. He acknowledged the multi tap adapter and extension cord were not an acceptable means for providing power to the equipment.</p>	K010147	<p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>The Maintenance Director immediately removed the extension cord from the laundry room.</p> <p>(b) How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken</p> <p>All residents had the potential to be affected however none were identified. The Maintenance Director has in-serviced all staff that work in the Laundry about using extension cords in the facility.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>The Maintenance Director has in-serviced all staff about using</p>	08/13/2013	

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	3.1-19(b)		<p>extension cords in the facility.</p> <p><i>(d) How the corrective actions(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</i></p> <p>The monitoring of this tag will be a joint effort between the Housekeeping/Laundry supervisor and Maintenance Director. The housekeeping/Laundry supervisor will monitor the laundry room daily for 2 weeks then weekly for 4 weeks then monthly thereafter. A Report of findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met.</p>		

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K010211 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>Based on observation and interview, the facility failed to ensure a six foot exit corridor width was maintained where alcohol based hand sanitizers were installed serving 2 of 2 smoke compartments. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 7/15/13 between 11:00 a.m. and 1:00 p.m., alcohol based hand sanitizers were located in the corridor beside exit/entrance doors. Furnishings and equipment in the back hall, adjacent to the administrator's office, south exit corridor, and near the boiler room including a gerrie chair, oversized</p>	K010211	<p><i>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</i></p> <p>All furniture reducing the hall width was immediately removed to provide the needed 6 feet clearance in both smoke compartments.</p> <p><i>(b) How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken</i></p> <p>All residents had the potential to be</p>	08/13/2013
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	<p>shower chair, wheelchair scale, straight back chairs and a table reduced the exit corridor to four and one half feet in width. The maintenance director confirmed the corridor width was not maintained at the minimum six feet as required.</p> <p>3.1-19(b)</p>		<p>affected however none were identified. All furniture reducing the hall width was immediately removed to provide the needed 6 feet clearance in both smoke compartments.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>The Maintenance Director has in-serviced all staff as to the required 6 foot clearance requirements for all (ABHR) Alcohol Based Hand Rub dispensers are installed in a corridor.</p> <p>(d) How the corrective actions(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>The monitoring of this tag will be a joint effort between the NHA and Maintenance Director for the next two weeks and monthly for 2 months. A Report of findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met.</p>		