

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155479	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/24/2013
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NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825
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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: 01/24/13</p> <p>Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kingston Care Center of Fort Wayne 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) and with 410 IAC 16.2. The original building consisting of the main entrance and the 100 hall was surveyed with Chapter 19, Existing Health Care Occupancies.</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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	<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, areas open to the corridors and hard wired smoke detectors in all resident rooms on the 200, 300 and 400 halls. Single station battery operated smoke detectors have been installed in all resident rooms on 100 hall. The facility has a capacity of 120 and had a census of 116 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached unsprinklered storage building used for the storage of mowing equipment.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/28/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to properly install and maintain 1 of 1 fire alarm systems in accordance with NFPA 72 the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on an observations with the Maintenance Manager on 01/24/12 from 3:11 p.m. to 3:17 p.m., a trouble signal could not be heard from an area continuously occupied when the fire alarm system was activated manually. This was confirmed by the</p>	K010052	Annunciator Panel was defective and Premier Communications replaced the panel on 2/7/13. Corrective Action: Alarm Panel to be tested monthly and documented starting in February 2013.	02/07/2013

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	<p>Maintenance Manager at the time of observations. The main fire alarm panel was located in the 100 hall electrical room, an annunciator panel was located at the Rehabilitation entrance vestibule and another fire alarm panel was located in the 400 hall mechanical room. All alarm panels were emitting an audible trouble alarm. An additional annunciator panel was located at the 100 hall nurses' station but according to the Maintenance Manager at 3:16 p.m., the electrical power had been disconnected from this annunciator panel. There were no visual or audible alarms at this annunciator panel when the fire alarm was activated.</p> <p>3.1-19(b)</p>			

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K010067 SS=E	<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 interview, the facility failed to ensure 2 of 6 egress corridors were not being used as a portion of a return air system/plenum for air conditioning, heating and ventilating (HVAC) duct work serving adjoining areas. NFPA 90A, the 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 could affect 23 of the 103 residents.</p> <p>Findings include:</p> <p>Based on telephone interview on 02/21/13 at 1:00 p.m. with the Regional Maintenance Manager, all resident rooms and the support rooms in the 100, and the common center hall were using the egress corridors as a return air system.</p> <p>3.1-19(b)</p>	K010067	Facility is requesting a Waiver for K-067. Please see attached information.	03/06/2013	

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K020000	<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: 01/24/13</p> <p>Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kingston Care Center of Fort Wayne 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) and with 410 IAC 16.2. The new sections consisting of the 200, 300 and 400 halls was surveyed with Chapter 18, New Health Care Occupancies.</p>	K020000					

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K020029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>Based on observation, record review and interview; the facility failed to ensure the care and maintenance of 1 of 2 rolling fire doors at the opening in the Crown dining kitchen wall, a hazardous area, was in accordance with NFPA 80. LSC 4.5.7 requires any device, equipment, or system required for compliance with this Code shall thereafter be maintained unless the Code exempts such maintenance. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the</p>	K020029	<p>During annual fire inspection AGS failed to inspect the fire window located in the Crown kitchen. AGS came back on 1/25/13 and inspected fire window, which was documented and tested. Corrective Action: Any licensed vendor who performs inspections related to life safety, upon completion of inspection/work will sit down with the Maintenance Manager or Maintenance Assistant and together will audit the entire inspection to ensure all items have been addressed before the vendor leaves the property.</p>	01/25/2013			

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	<p>authority having jurisdiction. This deficient practice could affect all residents in the Crown dining room which has a seating capacity of 25 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager on 01/24/13 at 3:10 p.m., there was a rolling fire door protecting the opening from the kitchen to the Crown dining room. Based on record review with the Maintenance Manager at 3:30 p.m., the last annual inspection was conducted by ASG, An Emcor Company, on 11/23/11. At the time of record review, the Maintenance Manager acknowledged no other documentation was available for review.</p> <p>3.1-19(b)</p>				

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K020038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 exit doors in the path of egress, equipped with a magnetic locking system, remained unlocked with activation of the building fire protective signaling system. LSC 19.2.1 requires every corridor and exit be in compliance with Chapter 7. LSC 7.2.1.6.2.(d) requires actuation of the fire alarm system shall unlock the doors in the direction of egress and the doors shall remain unlocked until the fire alarm system has been manually reset. This deficient practice could affect any of the 24 residents on the 200 hall evacuated through the exit near the lodge in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Manager on 01/24/13 at 3:03 p.m., the 200 hall exit door near the lodge</p>	K020038	<p>Premier failed to program exit door to unlock during an alarm that had been silenced. Premier working with Nowak reprogrammed the door to open properly during audion and silence alarm. System was tested and passed. Maintenance tested system again on 2/8/13 and system passed. Corrected Action: All lockable egress doors will be tested on a weekly basis for the next 4 weeks, then monthly there after.</p>	02/08/2013

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	<p>equipped with a magnetic locking system failed to remain unlocked when the fire alarm system was placed in silence mode. The Maintenance Manager acknowledged the 200 hall exit door near the lodge did not release when the fire alarm was placed in silence mode.</p> <p>3.1-19(b)</p>			