

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155526	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2014
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NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 N PARK ST PORTLAND, IN 47371
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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: 02/19/14</p> <p>Facility Number: 000148 Provider Number: 155526 AIM Number: 100275500</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Persimmon Ridge Rehabilitation Centre 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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the</p>	K010000	Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal Law. Please accept this Plan of Correction as our credible allegation of compliance.	

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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K010025 SS=E	<p>corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 112 and had a census of 68 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled except the bathrooms in resident rooms 105 and 107. All areas providing facility services were sprinkled.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/24/14.</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 Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the</p>	K010025	K 25 1. No resident's were	03/07/2014	

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	<p>facility failed to ensure 1 of 1 ceiling smoke barriers and 1 of 127 room wall smoke barriers were maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect 47 residents who use the main dining room, located adjacent to the Service Hall, and 14 residents who reside on Wing 2.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 02/19/14 during a tour of the facility from 9:20 a.m. to 1:15 p.m., the following ceiling and wall smoke barriers had missing drywall or were not fire stopped;</p> <p>a. The medicine room west smoke barrier wall had an eight inch by one inch area of drywall missing behind the door.</p> <p>b. The activity room ceiling had a one quarter inch gap around a blue computer cable with no fire stopping material used to seal the gap.</p> <p>c. The 300 Hall shower room ceiling, stall 1 had two, twelve inch circular areas of drywall with water damage and the drywall was visibly crumbling and deteriorating.</p> <p>d. The 300 Hall soiled linen room</p>		<p>affected by this alleged negative practice. The West Medication Room wall has been repaired, the Activity Room ceiling one inch gap has been repaired, the 300 Hall Shower Room ceiling has been repaired, and the 300 Hall Soiled Linen Room ceiling was repaired. 2. In an effort to identify any additional smoke barrier issues, a walkthrough of the entire facility was completed by the Administrator, and the Maintenance Director, with no additional findings at this time. 3. In an effort to ensure ongoing compliance, the Maintenance Director was re-educated on the Life Safety Code Standard for Smoke Barriers. 4. As a means of Quality Assurance, the Maintenance Director or designee will do a monthly walk-through of the entire building checking for smoke barrier issues and will document findings on the facility's preventative maintenance form. Any negative findings will be corrected and reported to the Administrator. Results of monitoring will be reviewed in quarterly QA meeting for continued compliance, monitoring will be ongoing. 5. Date Completed 3/7/14</p>		

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K010052 SS=E	<p>ceiling had a six inch by three inch area of drywall broken and crumbling around an electrical box.</p> <p>The medicine room west smoke barrier wall, the activity room ceiling, the 300 Hall shower room stall 1 ceiling, and 300 Hall soiled linen room ceiling smoke barriers not being maintained was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 02/19/14 at 1:20 p.m.</p> <p>3.1-19(b)</p> <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 ensure 1 of 99 smoke detectors in the facility was not installed where air flow would adversely affect its operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This</p>	K010052	<p>K52 1. No resident's were affected by this alleged negative practice. The Activity Room smoke detector was moved to more than 3 feet away from the return air duct. 2. In an effort to identify any additional smoke detector issues, a walkthrough of the entire facility was completed by the Administrator, and the Maintenance Director, with no negative findings at this time. 3. In an effort to ensure ongoing</p>	03/07/2014	

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K010056 SS=E	<p>deficient practice could affect 12 resident using the activity room at a time, based on the twelve seats in the room.</p> <p>Findings include:</p> <p>Based on an observation with the maintenance supervisor on 02/19/14 at 9:45 a.m., the activity room smoke detector was located within one foot of a return air duct. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 02/19/14 at 1:15 p.m.</p> <p>3.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the</p>	K010056	<p>compliance, the Maintenance Director was re-educated on the Life Safety Code Standard for smoke detectors. 4. As a means of Quality Assurance, the Maintenance Director or designee will ensure appropriate placement of smoke detectors during weekly checks and correct any deficient issues upon finding. Findings will be reviewed in quarterly QA meeting for continued compliance, monitoring will be ongoing. 5. Date Completed 3/7/14</p> <p>K 56 1. No resident's were affected by this alleged negative</p>	03/07/2014	

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	<p>facility failed to ensure 2 of 59 resident rooms were completely sprinkled. This deficient practice could affect 26 residents who reside on the 100 Hall.</p> <p>Findings include:</p> <p>Based on observations on 02/19/14 during a tour of the 100 Hall with the maintenance supervisor from 12:20 p.m. to 1:05 p.m., the resident room 105 bathroom and bathroom in resident room 107 lacked sprinklers. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 02/19/14 at 1:15 p.m.</p> <p>3.1-19(b)</p>		<p>practice. Elwood Fire has ordered the custom fit parts to replace the missing sprinklers, and will replace them as soon as they arrive. Please note attached letter from Elwood Fire confirming order of sprinkler heads and approximate repair dates. We are asking for an extension of the correction date due to the date of delivery. (Please see attachment A) 2. In an effort to identify any additional sprinkler issues, a walkthrough of the entire facility was completed by the Administrator, and the Maintenance Director, with no negative findings at this time. 3. In an effort to ensure ongoing compliance, the Maintenance Director was re-educated on the Life Safety Code Standard for sprinklers. 4. As a means of Quality Assurance, the Maintenance Director or designee will conduct monthly inspection of sprinkler heads during preventative maintenance rounds to ensure that all sprinklers are in place and functional. Any negative findings will be corrected and will be reported to the Administrator. Monitoring will be reviewed in quarterly QA meeting to ensure continued compliance and will be ongoing. 5. Completion date 3/7/14</p>		

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K010062 SS=F	<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>1. Based on record review and interview, the facility failed to ensure a complete flushing program was conducted after an obstruction investigation was conducted on 1 of 1 automatic dry sprinkler piping system which indicated the presence of scale and silt buildup in the sprinkler piping. NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 10-2.3 requires if an obstruction investigation carried out in accordance with 10-2.1 indicates the presence of sufficient material to obstruct sprinklers, a complete flushing program shall be conducted. The work shall be done by qualified personnel. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 02/19/14 at 9:40 a.m., the most recent Internal Inspection of the Sprinkler System Piping from Elwood Fire Equipment Co.</p>	K010062	<p>K 62 1. No residents were affected by this alleged negative practice. The sprinkler flush has been unable to be performed due to the low outdoor temperatures. The sprinkler flush has been scheduled with Elwood Fire, and will be completed on or before April 15th. We are requesting an extension to the completion date due to Elwood Fire being unable to perform the necessary service during the cold temperatures. Please see attached letter (Attachment A) from Elwood Fire confirming service order and scheduling for sprinkler flush. 1. The sprinkler heads in the 300 and 500 Soiled Linen Utility Rooms will be replaced as soon as the custom fit parts are available they have been ordered by Elwood Fire. We are requesting an extension of completion of the sprinkler heads due to the delay associated with ordering, Please see attached letter from Elwood Fire confirming order and scheduling of repairs. (Please see attachment A) 2. All reports from Elwood fire will be reviewed by the Administrator for scheduling and completion of recommended service and repairs. 2. In an effort to identify</p>	03/07/2014			

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	<p>Inc. was dated 12/13/13. Furthermore, the results of the inspection indicated "Some debris was found in center south of building. Minimal debris was found at center north, south west, and west center. No debris was found on east location. Attention needs to be given to center south location in order to remove debris. Digital photos taken and on file." Based on an interview with the administrator on 02/19/14 at 1:10 p.m., when asked if the sprinkler system flushing was scheduled as a follow up action to the Internal Inspection of the Sprinkler System Piping report dated 12/13/13, the administrator stated the facility has not taken any action as of today's date. The lack of recommended follow up action taken after the Internal Inspection of the Sprinkler System Piping inspection was conducted was acknowledged by the administrator at the exit conference on 02/19/14 at 1:20 p.m.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of over 300 sprinklers covered in corrosion were replaced. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for</p>		<p>any additional sprinkler issues, a walkthrough of the entire facility was completed by the Administrator, and the Maintenance Director, with no negative findings at this time.</p> <p>3. In an effort to ensure ongoing compliance, the Maintenance Director was re-educated on the Life Safety Code Standard for sprinkler systems in regards to service reports and completion of recommended service and repairs.</p> <p>3. In an effort to ensure ongoing compliance, the Maintenance Director was re-educated on the Life Safety Code Standard for sprinklers.</p> <p>4. As a means of Quality Assurance the Administrator will review all reports from Elwood Fire to ensure all recommendations of service and repairs are scheduled and completed. Any recommended service and repairs will be reviewed in the facility's quarterly QA meeting for continued compliance, monitoring will be ongoing.</p> <p>4. As a means of Quality Assurance, the Maintenance Director or designee will conduct monthly inspection of sprinkler heads during preventative maintenance rounds to ensure that all sprinklers are in place and functional. Any negative findings will be corrected and will be reported to the Administrator. Monitoring will be reviewed in quarterly QA meeting to ensure continued compliance</p>		

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K010147 SS=A	<p>the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 15 residents who reside on the 500 Hall.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 02/19/14 from 9:20 a.m. to 1:15 p.m. with the maintenance supervisor, the sprinkler in the Service Hall storage room was completely covered with yellow corrosion and dust and the sprinkler in the 500 Hall soiled linen room was completely covered with black corrosion. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 02/19/14 at 1:15 p.m.</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 1 of 69 wet</p>	K010147	and will be ongoing. 5. Completed 3/07/14	03/07/2014			

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	<p>location resident care areas was provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could does not affect any residents and affects staff only who use the medicine room at the nurses' station.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 02/19/14 at 11:50 a.m., the nurses' station medicine room had an electric receptacle on the wall within two feet of the handwash sink with no ground fault circuit interrupter on the electric outlet. Based on observation of the main electrical breaker panel with the maintenance</p>		<p>Room electrical receptacle was replaced with a GFCI receptacle.</p> <p>2. In an effort to identify any additional GFCI issues, a walkthrough of the entire facility was completed by the Administrator, and the Maintenance Director, with no additional findings at this time.</p> <p>3. In an effort to ensure ongoing compliance, the Maintenance Director was re-educated on the Life Safety Code Standard for GFCI electrical receptacles.</p> <p>4. As a means of Quality Assurance, the Maintenance Director or designee will do quarterly inspections of the entire building during preventative maintenance checks to ensure GFCI receptacles are used in wet locations. Any negative findings will be corrected and will be reported to the Administrator. Monitoring will be reviewed in quarterly QA meeting to ensure continued compliance and will be ongoing</p> <p>5. Date Completed 3/7/14</p>				

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	<p>supervisor at the time of observation, the circuit breaker for the electric outlet was not provided with GFCI protection. This was acknowledged by the administrator at the exit conference on 02/19/14 at 1:20 p.m.</p> <p>3.1-19(b)</p>			