

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155539	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2013
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NAME OF PROVIDER OR SUPPLIER BERTHA D GARTEN KETCHAM MEM CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 E RACE ST ODON, IN 47562
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K0000	<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: 02/19/13</p> <p>Facility Number: 000300 Provider Number: 155539 AIM Number: 100287340</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bertha D. Garten Ketcham Memorial Center Inc. 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 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to</p>	K0000	<p>This plan of correction is to serve as Bertha D Garten Ketcham Memorial Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Bertha D Garten Ketcham Memorial Center that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>	

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>the corridors, and in all resident sleeping rooms. The facility has a capacity of 58 and had a census of 47 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except one detached garage used for facility storage, and one detached office building used by employees only.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/21/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Based on observation and interview, the facility failed to provide an automatic sprinkler system which provided complete coverage in 3 of 7 smoke compartments. This deficient practice could affect up to 39 residents, staff and visitors in the East and West halls, plus any other residents, as well as staff and visitors while around the front nurses' station.</p> <p>Findings include:</p> <p>Based on observations on 02/19/13 between 10:45 a.m. and 12:45 p.m. during a tour of the facility with the Maintenance Supervisor, the following areas were found without sprinkler coverage:</p> <p>a. The Communication closet across from the front nurses' station. This was</p>	K0056	<p>K 056 NFPA 101 LIFE SAFETY CODE STANDARD It is the practice of Bertha D Garten Ketcham Memorial Center to provide an automatic sprinkler system with approved components, devices or equipment installed according to NFPA 72, National Fire Alarm Code, that provides complete coverage in all compartments in any part of the building. I. A sprinkler system is scheduled to be installed in the communication closet across from the front nurses station, the shower stall in the west shower room and the built in clothes closets in the twelve resident sleeping rooms...west hall rooms 11-20 and east hall rooms 31-32. II. The facility realizes the potential for residents to be affected were we not to show diligence in following through with the</p>	05/15/2013			

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	<p>acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>b. The shower stall within the West hall shower room. There was a sprinkler head within the toilet stall next to the shower stall, however, there was a partial wall and an eighteen inch bulkhead from the ceiling down which separated the shower stall from the toilet stall. The bulkhead prevented full sprinkler coverage to the shower stall from the toilet stall. Based on interview at the time of observation, the Maintenance Supervisor said the West shower room was no longer being used as a shower room. Furthermore, there was a soiled laundry barrel and cart stored within the shower stall at the time of observation.</p> <p>c. Built in clothes closets within twelve resident sleeping rooms; West hall - rooms 11 through 20, and East hall - rooms 31 and 32. There were two closets in each room. Based on interview at the time of observations, the Maintenance Supervisor said the old closets were provided with sprinkler heads, but they were capped off when the new closets were built.</p> <p>3.1-19(b)</p>		<p>installation of the sprinkler heads. The sprinkler heads are scheduled to be installed in all areas cited by the LSC inspector by May 15, 2013. III. Facility maintenance and nursing education/disaster team personnel have been educated on the importance sprinkler heads being installed in required areas to ensure fire safety for all residents of the facility. The preventive maintenance programs – in-house and through professional fire safety contractors will ensure the Life Safety Code standards governing the facility are met to ensure safety of all residents of the facility. IV. The Administrator and the Director of Maintenance will ensure the facility meets the Life Safety Code standards and will report concerns and findings and the correlating corrective action to the facility's QA Committee. COMPLETION DATE: Extension of time to 5/15/13 due to time necessary to obtain parts for POC and installation by professional contractors.</p>				

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K0130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 2 fuel fired water heaters had an inspection certificate which was current to ensure the water heater was in safe operating condition. NFPA 101 in 19.1.1.3 requires all health facilities to be designed constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect mostly staff and visitors in the laundry, kitchen, and maintenance service corridor of the facility, plus any number of residents while around the front nurses' station that would need to evacuate through the west exit corridor in the event of an emergency. There were 4 residents close to the front nurses' station at the time of observation.</p> <p>Findings include:</p> <p>Based on observation on 02/19/13 at 10:50 a.m. during a tour of the facility with the Maintenance Supervisor, the inspection certificate located next to the fuel fired water heater in the Maintenance Room had an expiration date of 04/26/12. During an interview at the time of observation, the Maintenance Supervisor</p>	K0130	<p>K0130 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the practice of Bertha D Garten Ketcham Memorial Center to provide the required inspections of the fuel-fired water heaters according to NFPA 101 requiring all facilities to be designed, constructed, maintained and operated to minimize the possibility of a fire emergency.</p> <p>I. The water heaters have been scheduled to be inspected by the Inspector Steve Pauly, Boiler & Pressure Vessel Division of Homeland Security by March 15th.</p> <p>II. An audit has been completed of the entire facility by the LSC inspector and the Director of Maintenance. This comprehensive inspection resulted in the above finding.</p>	03/15/2013			

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	acknowledged the expiration date on the water heater certificate and said he did not think the water heater had been inspected since the date of expiration. 3.1-19(b)		<p>III. The Maintenance Director has been re-educated regarding the importance of all facility fuel-fired water heaters being inspected in a timely manner. Systemic changes are being implemented through our quality improvement program as indicated below.</p> <p>IV. The Administrator and/or her designee and the Director of Maintenance will be completing quality improvement audits of the fuel-fired water heaters to ensure that the inspections are taking place as required and are marked accordingly. Results of all audits will be reported to the facility's QA Committee quarterly.</p> <p>COMPLETION DATE: 3/15/13</p>		

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K0144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include: Based on review of the facility's</p>	K0144	<p>K 144 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the practice of Bertha D Garten Ketcham Memorial Center to provide required testing of the emergency generator in accordance to NFPA 99.</p> <p>I. The facility has contracted with Vanguard Alarm Services to perform an annual LOAD BANK TEST. This annual LOAD BANK TEST is in lieu of the facility monthly load test and will be scheduled as a part of the facility annual emergency generator service. The facility weekly generator exercise will continue under the direction of the Director of Maintenance who will maintain the required documentation for the service and the load bank test.</p> <p>II. The facility realizes the potential for residents to be affected were we not to show diligence performing required</p>	03/21/2013

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	<p>Generator Log on 02/19/13 at 10:15 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes since February of 2012. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>		<p>testing of the emergency generator as cited by the LSC inspector by March 21, 2013.</p> <p>III. Facility maintenance and nursing education/disaster team personnel will be educated on March 20, 2013 on the importance of routine generator testing to ensure fire safety for all residents of the facility. The preventive maintenance programs – in-house and through professional fire safety contractors will ensure the Life Safety Code standards governing the facility are met to ensure safety of all residents of the facility.</p> <p>IV. The Director of Maintenance will schedule the annual LOAD BANK TEST with Vanguard Alarm Services. The Administrator and the Director of Maintenance will ensure the facility meets the Life Safety Code standards with required documentation and will report concerns and findings and the correlating corrective action to the facility's QA Committee.</p> <p>COMPLETION DATE: 3/21/13</p>		

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K0000	<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: 02/19/13</p> <p>Facility Number: 000300 Provider Number: 155539 AIM Number: 100287340</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bertha D. Garten Ketcham Memorial 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), and 410 IAC 16.2. The 2012 addition consisting of the new Physical Therapy addition was surveyed with Chapter 18, New Health Care Occupancies.</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</p>			K0000	<p>This plan of correction is to serve as Bertha D Garten Ketcham Memorial Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Bertha D Garten Ketcham Memorial Center that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		

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	<p>detectors in the new Physical Therapy addition, corridor, and in all adjacent rooms. The facility has a capacity of 58 and had a census of 47 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, one detached garage used for facility storage, and one detached office building used by employees only.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include: Based on review of the facility's</p>	K0144	<p>K 144 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the practice of Bertha D Garten Ketcham Memorial Center to provide required testing of the emergency generator in accordance to NFPA 99.</p> <p>I. The facility has contracted with Vanguard Alarm Services to perform an annual LOAD BANK TEST. This annual LOAD BANK TEST is in lieu of the facility monthly load test and will be scheduled as a part of the facility annual emergency generator service. The facility weekly generator exercise will continue under the direction of the Director of Maintenance who will maintain the required documentation for the service and the load bank test.</p> <p>II. The facility realizes the potential for residents to be affected were we not to show diligence performing required</p>	03/21/2013	

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	<p>Generator Log on 02/19/13 at 10:15 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes since February of 2012. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>		<p>testing of the emergency generator as cited by the LSC inspector by March 21, 2013.</p> <p>III. Facility maintenance and nursing education/disaster team personnel will be educated on March 20, 2013 on the importance of routine generator testing to ensure fire safety for all residents of the facility. The preventive maintenance programs – in-house and through professional fire safety contractors will ensure the Life Safety Code standards governing the facility are met to ensure safety of all residents of the facility.</p> <p>IV. The Director of Maintenance will schedule the annual LOAD BANK TEST with Vanguard Alarm Services. The Administrator and the Director of Maintenance will ensure the facility meets the Life Safety Code standards with required documentation and will report concerns and findings and the correlating corrective action to the facility's QA Committee.</p> <p>COMPLETION DATE: 3/21/13</p>		