

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155247	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2011
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 8549 S MADISON AVE INDIANAPOLIS, IN46227
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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: 10/24/11</p> <p>Facility Number: 000151 Provider Number: 155247 AIM Number: 100284060</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manorcare Health Services 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in resident sleeping rooms # 166 through # 182. The facility has a capacity of 140</p>	K0000		

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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K0052 SS=C	<p>and had a census of 122 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/25/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>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 a trouble signal was transmitted to the control unit for protected premises fire alarm systems and the remote station for 1 of 1 fire alarm systems. Per NFPA 72 Section 1-5.4.6, trouble signals and their restoration to normal shall be indicated within 200 seconds at the locations identified in 1-5.4.6.1 or 1-5.4.6.2. Trouble signals required to indicate at the protected premises shall be indicated by distinctive audible signals. These audible trouble signals shall be distinctive from alarm signals. If an intermittent signal is used, it</p>	K0052	<p>K 052</p> <p>It is the practice of Manor Care Indy South to test and maintain a fire alarm system.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>SafeCare, our fire alarm system vendor, installed a</p>	11/07/2011	

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	<p>shall sound at least once every 10 seconds, with a minimum duration of 1/2 second. An audible trouble signal shall be permitted to be common to several supervised circuits. The trouble signal(s) shall be located in an area where it is likely to be heard. Visible and audible trouble signals and visible indication of their restoration to normal shall be indicated at the following locations:</p> <p>(1) Control unit (central equipment) for protected premises fire alarm systems (2) Building fire command center for emergency voice/alarm communications service (3) Central station or remote station location for systems installed in compliance with Chapter 5.</p> <p>Trouble signals and their restoration to normal shall be visibly and audibly indicated at the proprietary supervising station for systems installed in compliance with Chapter 5. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Assistant Administrator during a tour of the facility from 10:55 a.m. to 1:20 p.m. on 10/24/11, when one of two automatic dialer components of the fire alarm system was</p>		<p>monitor module to the dialer to communicate with the alarm monitoring company on October 25, 2011.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All other equipment was functioning properly.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</p> <p>The maintenance director or his designee will verify signal is received by alarm monitoring company every time the system is tested.</p> <p>How will the corrective actions be monitored to</p>				

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	<p>disconnected from 12:44 p.m. to 12:52 p.m. a trouble signal was not transmitted to the central station or remote location nor was an audible or visual trouble signal observed at the main fire panel for the facility. The two automatic dialers for the facility fire alarm system are located in the Mechanical Room near the nurse's station in the B Wing and a visual and audible trouble signal was heard at the automatic dialer's location but neither a visual or audible trouble signal was transmitted to the main fire panel. The Maintenance Director contacted the facility's remote station location operator, SafeCare, who reported a trouble signal was not transmitted from the facility to the remote station location. Based on interview at the time of observation, the Maintenance Director stated a trouble signal should have been transmitted to the facility fire panel and the remote station location and acknowledged no trouble signal was transmitted to either location when one automatic telephone dialer for the facility's fire alarm system was disconnected.</p> <p>3.1-19(b)</p>		<p>ensure that they do not reoccur?</p> <p>The system will be tested weekly by the maintenance director or his designee. The results will be reviewed by QA committee monthly.</p> <p>By what date will the changes occur?</p> <p>11/7/2011</p>		

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K0064 SS=E	<p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to inspect 1 of 25 portable fire extinguishers for 7 of 12 months. NFPA 10, Standard for Portable Fire Extinguishers, Section 4-3.4.2 requires fire extinguisher inspections at least monthly with the date of inspection and the initials of the person performing being recorded. In addition, NFPA 10, Section 4-2.1 defines inspection as a "quick check" to ensure a fire extinguisher is available and will operate. It is intended to give reasonable assurance the fire extinguisher is fully charged and operable, verifying it is in its designated place, it has not been actuated or tampered with, and there is no obvious or physical damage or condition to prevent its operation. This deficient practice could affect any resident, staff or visitor in the vicinity of the Beauty Shop.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Assistant Administrator during a tour of the facility from 10:55 a.m. to 1:20 p.m. on 10/24/11, the inspection tag affixed to the portable fire extinguisher in the Beauty Shop lacked documentation of a monthly</p>	K0064	<p>K 064</p> <p>It is the practice of Manor Care Indy South to provide fire extinguishers. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The fire extinguisher in the beauty shop was inspected and added to the monthly inspection list.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>A building tour was completed and all other fire extinguishers had monthly inspections.</p> <p>What measures will be</p>	11/07/2011			

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	<p>inspection for March through September 2011. Based on interview at the time of observation, the Maintenance Director stated no other documentation of monthly inspections was available for review and acknowledged the portable fire extinguisher in the Beauty Shop did not have documented monthly inspections for March through September 2011.</p> <p>3.1-19(b)</p>		<p>put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</p> <p>The maintenance director or his designee will inspect all fire extinguishers monthly. If a fire extinguisher is installed it will be added to the monthly inspection list.</p> <p>How will the corrective actions be monitored to ensure that they do not reoccur?</p> <p>All fire extinguishers will be inspected monthly by the maintenance director or his designee. The results will be reviewed by QA committee monthly.</p> <p>By what date will the changes occur?</p> <p>11/7/2011</p>		

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	<p>permitted to be common to several supervised circuits. The trouble signal(s) shall be located in an area where it is likely to be heard. Visible and audible trouble signals and visible indication of their restoration to normal shall be indicated at the following locations:</p> <p>(1) Control unit (central equipment) for protected premises fire alarm systems</p> <p>(2) Building fire command center for emergency voice/alarm communications service</p> <p>(3) Central station or remote station location for systems installed in compliance with Chapter 5.</p> <p>Trouble signals and their restoration to normal shall be visibly and audibly indicated at the proprietary supervising station for systems installed in compliance with Chapter 5. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Assistant Administrator during a tour of the facility from 10:55 a.m. to 1:20 p.m. on 10/24/11, when one of two automatic dialer components of the fire alarm system was disconnected from 12:44 p.m. to 12:52 p.m. a trouble signal was not transmitted to the central station or remote location</p>		<p>company on October 25, 2011.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All other equipment was functioning properly.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur?</p> <p>The maintenance director or his designee will verify signal is received by alarm monitoring company every time the system is tested.</p> <p>How will the corrective actions be monitored to ensure that they do not reoccur?</p> <p>The system will be tested</p>		

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	<p>nor was an audible or visual trouble signal observed at the main fire panel for the facility. The two automatic dialers for the facility fire alarm system are located in the Mechanical Room near the nurse's station in the B Wing and a visual and audible trouble signal was heard at the automatic dialer's location but neither a visual or audible trouble signal was transmitted to the main fire panel. The Maintenance Director contacted the facility's remote station location operator, SafeCare, who reported a trouble signal was not transmitted from the facility to the remote station location. Based on interview at the time of observation, the Maintenance Director stated a trouble signal should have been transmitted to the facility fire panel and the remote station location and acknowledged no trouble signal was transmitted to either location when one automatic telephone dialer for the facility's fire alarm system was disconnected.</p> <p>3.1-19(b)</p>		<p>weekly by the maintenance director or his designee. The results will be reviewed by QA committee monthly. By what date will the changes occur? 11/7/2011</p>		