

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155222	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/01/12</p> <p>Facility Number: 000127 Provider Number: 155222 AIM Number: 100291430</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-Kokomo 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 (000) construction and was fully sprinklered except for the front entrance outside canopy. The facility has a fire alarm system with smoke detection</p>	K0000	Preparation and /or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and or executed solely because required	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155222		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  11/01/2012	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO				STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>in the corridors, spaces open to the corridors with hard wired smoke detectors on 100 hall and battery powered smoke detectors in all other resident rooms. The facility has a capacity of 131 and had a census of 78 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage, but in compliance with smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered, except for the front entrance outside canopy. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155222		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  11/01/2012	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO				STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
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>1. Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 1 exits with an outside canopy in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 32 residents on 300 hall as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 11/01/12 at 12:35 p.m. with the Maintenance Supervisor, the canopy outside the front</p>	K0056	<p>A. The canopy on outside entrance of facility is flame resistant and documentation was provided to ISDH to validate flame resistance. On 11-7-2012 Koorsen Fire and Security removed and plugged 25 sprinklers from identified resident rooms to comply with state code requirements. Sprinkler system was placed back on line at conclusion of repair.B.Any active resident had the potential to be affected; therefore, this plan of correction applies to all residents currently residing in the center.C. Maintenance Director and staff will be inserviced on K56 by the area supervisor or designee.D. Monitoring by the Maintenance Director or designee will occur monthly during Life Safety Rounds and be reported through the Safety Committee to the Performance Improvement</p>	11/07/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155222	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  11/01/2012
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO			STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>entrance was attached to the building and extended twenty feet from the building and was constructed of aluminum supports with a cloth covering for a roof. Based on interview on 11/01/12 at 12:37 p.m. with the Maintenance Supervisor, it was acknowledged there was no sprinkler head present for the canopy outside the front entrance nor could documentation be provided to ensure the cloth covering of the canopy was inherently flame resistant which would suffice as complete sprinkler coverage for the facility.</p> <p>3.1-19(ff)</p> <p>2. Based on observations and interview, the facility failed to ensure 24 of 49 sprinkler heads in resident rooms on 200 hall and of 22 of 43 sprinkler heads in resident rooms on 300 hall were installed a minimum of 6 feet apart. NFPA 13, Section 5-6.3.4, "Minimum Distance between Sprinklers," states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 30 residents on 200 hall and 32 residents on 300 hall as well as visitors and staff</p> <p>Findings include:</p> <p>Based on observation on 11/01/12 during the tour between 12:40 p.m. and 2:00</p>		committee.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155222	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/01/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>p.m. with the Maintenance Supervisor, the following resident rooms had sprinkler heads which were within six feet apart on 200 and 300 halls:</p> <ul style="list-style-type: none"> <li>a. Room 202, with four sprinkler heads had two on northeast wall three feet apart</li> <li>b. Room 204, with four sprinkler heads had two on southeast wall four feet apart</li> <li>c. Room 205, with four sprinkler heads had two on northeast wall three feet apart</li> <li>d. Room 206, with four sprinkler heads had two on southeast wall three feet apart</li> <li>e. Room 207, with four sprinkler heads had two on northeast wall three feet apart</li> <li>f. Room 208, with four sprinkler heads had two on southeast wall three feet apart</li> <li>g. Room 210, with four sprinkler heads had two on northeast wall three feet apart</li> <li>h. Room 211, with four sprinkler heads had two on south wall three feet apart</li> <li>i. Room 212, with four sprinkler heads had two on southeast wall three feet apart</li> <li>j. Room 213, with five sprinkler heads had two on northwest wall two feet apart</li> <li>k. Room 214, with four sprinkler heads had two on northeast wall three feet apart</li> <li>l. Room 216, with four sprinkler heads had two on southeast wall three feet apart</li> <li>m. Room 304, with four sprinkler heads had two on northwest wall three feet apart</li> <li>n. Room 305, with five sprinkler heads had two on northeast wall five feet apart</li> <li>o. Room 306, with four sprinkler heads had two on northwest wall three feet apart</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155222	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED  11/01/2012
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO			STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>p. Room 307, with five sprinkler heads two on northeast wall five feet apart</p> <p>q. Room 308, with four sprinkler heads had two on northwest wall three feet apart</p> <p>r. Room 310, with five sprinkler heads had two on northeast wall five feet apart</p> <p>s. Room 311, with four sprinkler heads had two on northeast wall three feet apart</p> <p>t. Room 312, with four sprinkler heads two on northwest wall three feet apart</p> <p>u. Room 313, with four sprinkler heads had two on northwest wall three feet apart</p> <p>v. Room 314, with five sprinkler heads had two on northeast wall five feet apart</p> <p>w. Room 316, with four sprinkler heads had two on northwest wall three feet apart</p> <p>Based on interview on 11/01/12 concurrent with each observation with the Maintenance Supervisor. it was acknowledged the aforementioned resident rooms had sprinkler heads which were less than six feet apart.</p> <p>3.1-19(b)</p>				