

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155464	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/13/2016
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NAME OF PROVIDER OR SUPPLIER  ROCKVILLE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872
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(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
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K 0000  Bldg. 01	<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: 04/13/16</p> <p>Facility Number: 000492 Provider Number: 155464 AIM Number: 100291360</p> <p>At this Life Safety Code survey, Rockville Nursing and Rehabilitation 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 38</p>	K 0000	Preparation and/ or execution of this plan of correction in general, or any corrective actions set forth herein, in particular, does not constitute an admission or agreement by Rockville Nursing and Rehabilitation Center of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed solely because of provisions of federal and/or state laws. Rockville Nursing and Rehabilitation Center desires this plan of correction to be considered the facility's allegation of compliance effective 4/29/2016.	
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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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K 0056 SS=D Bldg. 01	<p>and had a census of 25 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, except the smoking building cited at K56, and all areas providing facility services were sprinklered, except the smoking building, and two detached wood buildings and one detached metal shed, all used for facility storage.</p> <p>Quality Review completed on 04/15/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13</p> <p>Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided sprinkler coverage in 1 of 1 enclosed smoking building. This deficient practice could affect two residents, as well as staff and</p>	K 0056	<p><b>K056</b> It is the standard of this facility to be protected by an approved, supervised automatic sprinkler system.</p> <p>There was a potential for two residents who smoke and at times use the smoking building</p>	04/29/2016

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	<p>visitors while in the smoking building.</p> <p>Findings include:</p> <p>Based on observation on 04/13/16 at 11:00 a.m. during a tour of the facility with the Maintenance Supervisor, the smoking building was not provided with sprinkler coverage. The smoking building was a detached wood framed building completely enclosed with four sides and a door. This was acknowledged by the Maintenance Supervisor at the time of observation, furthermore, the Maintenance Supervisor said there were two residents and several staff members who use the smoking building.</p> <p>3.1-19(b)</p>		<p>tobe affected by this alleged deficient practice.</p> <p>Immediately upon the surveyor's concern about the need for the enclosed smoking building to be sprinklered due to residents using the building, the door was removed to ensure the building was not enclosed.</p> <p>The Administrator will ensure that the smoking building is not completely enclosed during weekly facility rounds. Requirements and issues with the smoking building will be reviewed by the QAPI committee.</p>		