

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155691	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/12/2015
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NAME OF PROVIDER OR SUPPLIER MORRISTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161
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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: 01/12/15</p> <p>Facility Number: 000422 Provider Number: 155691 AIM Number: 100291030</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Morristown Manor 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 (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all</p>	K010000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of the requirement under State and Federal law. Please accept this plan of correction as our credible allegation of compliance.	
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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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K010056 SS=C	<p>resident rooms. The facility has a capacity of 119 and had a census of 105 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has three detached wooden storage sheds which were not sprinkled.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/15/15.</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 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</p>			

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	<p>At this Life Safety Code survey, Morristown Manor 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 2011 Cypress Run addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2011 Cypress Run addition to the one story facility was determined to be of Type V (111) construction and fully sprinkled. The addition has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The facility has a capacity of 119 and had a census of 105 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has three detached wooden storage sheds which are not sprinkled.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/15/15.</p>			

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K020025 SS=E	<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-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 in approved 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. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 attic smoke barriers in the Cypress Run addition were constructed to provide at least a one hour fire resistance rating. This deficient practice affects 8 residents who reside on the 800 Hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 01/12/15 at 1:45 p.m., the 800 Hall attic smoke barrier wall above the drop ceiling had a six inch open electrical conduit on both sides of the attic smoke barrier wall and a one inch gap around a cable television</p>	K020025	<p>On 1/28/15, Maintenance staff obtained Series SSP Putty Pads and filled in the open electrical conduit in the attic smoke barrier. This product meets ASTM E 84. A spec sheet for this product is attached. The open cable television penetration was filled in by fire caulk at the same time. On 1/13/15 and 1/14/15, the Maintenance staff conducted a survey of every attic smoke barrier wall in both Cypress Run and Morristown Manor and all mechanical rooms throughout the entire facility to insure that there were no other open electrical conduits or other penetrations. All smoke barrier walls and mechanical rooms have been checked and there are no open</p>	01/28/2015

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	penetration not firestopped. This was verified by the maintenance director at the time of observation and acknowledged by the administrator at the exit conference on 01/12/15 at 2:00 p.m. 3.1-19(b)		conduits or open penetrations. The Maintenance Supervisor is responsible to insure that no penetrations to smoke barrier walls occur through staff or contractor activity. Monitoring of unsealed smoke barrier openings will be included as part of the on-going preventative maintenance plan. Any openings detected will be sealed and reported to the Safety Committee for review. (Attachment A)		