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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155374 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 03/05/2014 |
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| NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTHCARE & REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 313 POPLAR ST LOOGOOTEE, IN 47553 |
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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: 03/05/14</p> <p>Facility Number: 000571 Provider Number: 155374 AIM Number: 100266920</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Martin County Healthcare & 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open</p> | K010000 | By submitting the following material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective April 4th 2014 to the state findings of the recertification of the life safety survey. I am requesting paper compliance. | |

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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| K010052 SS=F | <p>to the corridors, and in all resident sleeping rooms. The facility has a capacity of 62 and had a census of 35 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 shed used as an employee only smoke shack.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/10/14.</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 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 Based on record review and interview, the facility failed to provided written documentation 3 of 52 smoke detectors had been tested for sensitivity. LSC 9.6.1.4 refers to NFPA 72, National Fire</p> | K010052 | K 052 Corrective action for those residents found to have been affected by the deficient practice; This facility has a contracted company for our fire alarm system and they have been | 04/04/2014 |

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| | <p>Alarm Code. NFPA 72 at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range. (5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity</p> | | <p>in contact with the manufacturer of the three duct detectors. The manufacturer has educated the inspection company on the proper way to check the sensitivity using a multimeter. The contracted company had equipment to test function but not sensitivity for these three. A sensitivity test is scheduled to be completed on March 21, 2014 by a fire alarm company that has the correct equipment for these three duct smoke detectors. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; This was determined to have potential to affect all residents. The facility has a contracted company for our fire alarm system and they have been in contact with the manufacturer of the three duct detectors. The manufacturer has educated the inspection company on the proper way to check the sensitivity using a multimeter. We will have a fire alarm company that has correct equipment for multimeter do the sensitivity test. This is scheduled to be completed on March 21, 2014. Measures to be put into place to ensure the deficient practice will not recur; The fire alarm system inspection company will provide the facility with written documentation showing the testing of the smoke detectors sensitivity for this year and every alternate year thereafter as</p> | | | | |

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| | <p>range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction. Paper or electronic media shall be acceptable. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the smoke detector sensitivity records in the Fire Safety book on 03/05/14 at 11:30 a.m. with the Maintenance Supervisor present, the most recent sensitivity test documentation was dated 01/29/13 for fifty two Photo type smoke detectors located throughout the facility, however, the documentation showed the facility had five duct detectors (smoke detectors), of which three were not tested for sensitivity. In the comments section of the itemized list of smoke</p> | | <p>determined by LSC 9.6.1.4 NFPA72 at 7-3.2.1 The maintenance supervisor has been educated on the requirements for sensitivity testing on the facility three duct smoke detectors. He will review this information and keep record of it. The administrator will monitor and take findings to the Q.A. Committee for review. The systemic changes will be in effect by: Friday April 4, 2014</p> | |

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| K010144 SS=C | <p>detectors the inspector noted "No IR tester available. No Mechanical test allowed for 43-1, 43-2, 43-3. No auxiliary test base available in facility." 43-1, 43-2, and 43-3 were noted to be the three duct detectors which were not tested for sensitivity. The most recent fire alarm system inspection report dated 01/29/14 showed all devices were tested and passed including the five duct detectors. Based on interview at the time of record review, the Maintenance Supervisor acknowledged there was no sensitivity test documentation available for three of the five duct detectors on the 01/29/13 sensitivity test report.</p> <p>3.1-19(b)</p> <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</p> | K010144 | <p>K144</p> <p>Corrective action for those residents found to have been affected by the deficient practice;</p> <p>Measure put into place to ensure a two hour load bank is conducted on an annual basis is that the facility has contacted a vendor to complete this test and it is scheduled for</p> | 04/04/2014 | | | |

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| | <p>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 periods 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:</p> <p>Based on review of the facility's Emergency Generator Monthly Test Log form on 03/05/14 at 11:05 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, documentation 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 during the past twelve months was under the 30 percent requirement. The generator log form was provided with a column for "Load" with the answer being between 5 and 6</p> | | <p>March 21, 2014. The facility will schedule another two hour load bank test one year later.</p> <p>This was determined to have potential to affect all residents. The corrective action to be put into place is;</p> <p>The maintenance supervisor will schedule the annual two hour load bank test.</p> <p>The corrective action will be monitored to ensure the deficient practice does not recur by the administrator. This information will be brought to the Q.A. Committee.</p> <p>This systemic changes will be in effect by :</p> <p>Friday, April 4, 2014</p> | | | | |

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| | <p>Kilowatt (KW) for a 30 KW generator during each of the past twelve months instead of at least 9 KW. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log showed the generator was exercised at 5 to 6 KW during the past twelve months. Furthermore, the Maintenance Supervisor said the generator was fueled by a Liquid Petroleum gas tank.</p> <p>3.1-19(b)</p> | | | |