

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155073	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2014
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NAME OF PROVIDER OR SUPPLIER PILGRIM MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 222 PARKVIEW ST PLYMOUTH, IN 46563
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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: 11/13/14</p> <p>Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pilgrim 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), 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 smoke detection in the corridors and in all areas open to the corridor. The facility has battery</p>	K010000	Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during our Annual Life Safety Code Survey conducted on November 13, 2014. Hopefully, you will find the remedies are sufficient, thoroughly explained and able to provide a clear picture of how we corrected these concerns. The Medical Director has been consulted and has agreed with the plan of correction as submitted. If after reviewing our plan of correction, you have any questions or require additional information, please do not hesitate to contact Lori Smith, Administrator at 574-936-9943. Thank you.	

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>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 71 and had a census of 58 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 for three detached buildings which are a maintenance building, a freezer and the laundry for the facility.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/19/14.</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</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in</p>	K010052	<p>1. No resident was affected by this alleged deficient practice. 2. No residents were affected by this alleged deficient practice. 3. Simplex Grinnell completed the</p>	11/28/2014

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K010147 SS=A	<p>accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm initiating devices, alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's "Fire Alarm Inspection Report" and interview on 11/13/14 from 9:45 a.m. to 10:40 a.m. with the administrator, the last fire alarm system documented inspection occurred on 08/16/2013. The administrator contacted the vendor during the interview and the vendor acknowledged that they had not been out to do the annual on the fire alarm system this year. The administrator acknowledged the aforementioned deficiency.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>		<p>"fire alarm inspection" on 11-15-14. A maintenance work order (See Exhibit 1) has been entered into our electronic chart system (ECS), that will notify the Maintenance Supervisor and the Administrator on 11-1-15 that the fire alarm inspection is due. This will allow the Maintenance Supervisor to check with Simplex Grinnell to ensure the inspection is scheduled. 4. At our weekly QA meeting, the Maintenance Supervisor will report any concerns with any fire system inspections not being completed (See Exhibit 2). The weekly QA meeting members are: Administrator, DON, Maintenance Supervisor, Unit Manager (2), MDS Coordinator, Staff Development Coordinator, Office Manager, Environmental Director, Social Service Director, Activity Director and Dietary Manager. Weekly the Medical Director gets copies of the weekly QA meeting.</p>		

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	<p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 wet location resident care areas were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect any staff using the east wing clean utility.</p> <p>Findings include:</p> <p>Based on observation on 11/13/14 between 10:40 a.m. and 12:00 p.m. with the administrator, an electric receptacle was on the wall within three feet of a hand washing sink in the clean utility</p>	K010147	<p>1. No resident was affected by this alleged deficient practice. 2. No resident's were affected by this alleged deficient practice. 3. The outlet in the clean utility room was replaced by a GFCI outlet on 11-13-14. The Environmental Director makes weekly rounds of the facility, checking to ensure that all outlets that are near water areas are GFCI has been added to her rount audit (See Exhibit 3). 4. The Environmental Director reports any concerns from her weekly round audit to the Weekly QA Committee (See Exhibit 2). The Weekly QA committee consists of: Administrator, DON, Unit Managers (2), MDS Coordinator, Staff Development Coordinator, Office Manager, Maintenance Supervisor, Environmental Director, Social Service Director, Activity Director and Dietary Manager. The Medical Director receives a copy of all the Weekly QA meeting minutes every week.</p>	11/28/2014			

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	room located on the east wing. Based on interview and testing with the administrator at the time of observation, the electrical outlet nor the circuit breaker for this outlet were provided with GFCI protection. 3.1-19(b)				