

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155218	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/21/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 GREAT LAKES DR DYER, IN 46311
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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: 12/21/15</p> <p>Facility Number: 000123 Provider Number: 155218 AIM Number: 100266720</p> <p>At this Life Safety Code Survey, Kindred Transitional Care and Rehabilitation-Dyer 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors; spaces open to the corridors and in resident sleeping rooms. The facility has the capacity of 164 and had a census of 94 at the time of</p>	K 0000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction for paper compliance.</p>	
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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 0062 SS=C Bldg. 01	<p>the survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for a detached equipment storage building.</p> <p>Quality Review completed 01/04/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p>	K 0062	K062 No resident was affected by this finding, but any resident can be affected. Sprinklers were immediately ordered and received to maintain all types as per regulation. Sprinklers will be audited monthly and upon exit of service contractors doing repairs. The Maintenance Director/designee will present these audits during the monthly safety meeting for recommendations.	01/14/2016			

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K 0130 SS=D Bldg. 01	<p>Findings include:</p> <p>Based on observation with the Maintenance Director on 12/21/15 at 2:01 p.m., there was only one intermediate temperature sprinkler head in the sprinkler cabinet. During the tour, many intermediate temperature rated sprinkler heads were located outside the facility under overhangs. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure the penetration in 1 of 3 fire barrier walls was maintained to ensure the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.2.3.2.4.2 requires pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows:</p>	K 0130	<p>K130 Residents in therapy have the potential to be affected by this fire wall penetration. Any resident in therapy have the potential to be affected. The penetration to the affected fire wall was repaired. Fire walls will be monitored by section monthly by Maintenance Director/designee. Building will be divided into 6 sections and audited in a rotation process. Maintenance Director/designee will present the results of the audits and any necessary repairs to the monthly safety meeting for recommendations.</p>	01/14/2016
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	<p>(1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet on of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>This deficient practice could affect at least 3 residents in Therapy.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 12/21/15 at 2:26 p.m., the Therapy fire wall had a two inch by three inch penetration above the ceiling tile. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned condition and provided</p>						

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K 0154 SS=C Bldg. 01	<p>the measurements.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1 in order to protect 94 of 94 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, A-11-5(c) 2 states, "a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for</p>	K 0154	<p>K154 & K155 All residents would be affected if a fire watch was initiated. Effective immediately, the CNA on the East Unit hall 1 will be designated to complete the fire watch until otherwise assigned by the Maintenance Director/designee. This will continue as assigned until the fire watch is terminated. All staff will be inserviced regarding fire watch, the responsibilities of the designated individual on fire watch, and the fact that the designated individual will have no other responsibility when designated to be on fire watch. Anytime a fire watch is initiated, a log will be maintained by the individual designated to complete the fire watch. The Maintenance Director/designee will present all such logs to the safety committee monthly for recommendations.</p>	01/14/2016

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K 0155 SS=C Bldg. 01	<p>fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly." This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Watch Procedures" with the Maintenance Director on 12/21/15 at 3:17 p.m., the facility's documentation provided for a plan of action when the automatic sprinkler system was out of service for more than four hours in a twenty four hour period was not complete. The procedure did not include all elements required such as; the person conducting the fire watch shall be trained and shall have no other duties during that time. Based on an interview at the record review, the Maintenance Director acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is</p>			

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	<p>notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 94 of 94 residents indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice affects all staff, visitors, and residents.</p> <p>Findings include:</p> <p>Based on record review of the "Fire</p>	K 0155	<p>K154 & K155 All residents would be affected if a fire watch was initiated. Effective immediately, the CNA on the East Unit hall 1 will be designated to complete the fire watch until otherwise assigned by the Maintenance Director/designee. This will continue as assigned until the fire watch is terminated. All staff will be inserviced regarding fire watch , the responsibilities of the designated individual on fire watch, and the fact that the designated individual will have no other responsibility when designated to be on fire watch. Anytime a fire watch is initiated, a log will be maintained by the individual designated to complete the fire watch. The Maintenance Director/designee will present all such logs to the safety committee monthly for recommendations.</p>	01/14/2016

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K 0000 Bldg. 02	<p>Watch Procedures" with the Maintenance Director on 12/21/15 at 3:17 p.m., the facility's documentation provided for a plan of action when the fire alarm system was out of service for more than four hours in a twenty four hour period was not complete. The procedure did not include all elements required such as; the person conducting the fire watch shall be trained and shall have no other duties during that time. Based on an interview at the record review, the Maintenance Director acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <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: 12/21/15</p> <p>Facility Number: 000123 Provider Number: 155218 AIM Number: 100266720</p> <p>At this Life Safety Code Survey, Kindred Transitional Care and Rehabilitation-Dyer was found not in</p>	K 0000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a Desk Review of this Plan of Correction for paper compliance.	

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K 0154 SS=C Bldg. 02	<p>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 (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors; spaces open to the corridors and in resident sleeping rooms. The facility has the capacity of 164 and had a census of 94 at the time of the survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for a detached equipment storage building.</p> <p>Quality Review completed 01/04/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left</p>			

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	<p>unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1 in order to protect 94 of 94 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, A-11-5(c) 2 states, "a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly." This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0154	<p>K154 & K155 All residents would be affected if a fire watch was initiated. Effective immediately, the CNA on the East Unit hall 1 will be designated to complete the fire watch until otherwise assigned by the Maintenance Director/designee. This will continue as assigned until the fire watch is terminated. All staff will be inserviced regarding fire watch, the responsibilities of the designated individual on fire watch, and the fact that the designated individual will have no other responsibility when designated to be on fire watch. Anytime a fire watch is initiated, a log will be maintained by the individual designated to complete the fire watch. The Maintenance Director/designee will present all such logs to the safety committee monthly for recommendations.</p>	01/14/2016			

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