STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MITCHELL MANOR	24 TEKE BURTON DR MITCHELL, IN 47446

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	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). Survey Date: 05/02/12 Facility Number: 000217 Provider Number: 155324 AIM Number: 100289590 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Mitchell 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. 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 smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 171 and had a census of 89 at the time of this survey.	K0000	This plan of correction is prepared and executed because of the provisions of State and federal law requires it and not because Mitchell Manor agrees with the allegations and citations listed. Mitchell Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character so as to limit our capabilities to render adequate care.Please accept this plan of correction as our credible allegation of compliance, that the alleged deficiencies cited have been or will be corrected by the date(s) indicated. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/09/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff. Findings include: Based on observation on 05/02/12 at	K0051	**K 051** 1.The breaker for the fire alarm panel was located on 5/2/12. 1.The circuit breaker for the fire alarm system is accessible to authorized personnel only. The fire alarm circuit does have a red marking and is identified as FIRE ALARM CIRCUIT	05/11/2012

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	12:10 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could not be located. Based on interview on 05/02/12 at 12:15 p.m. with the Maintenance Supervisor, it was acknowledged the location of the breaker for the fire alarm panel was unknown.. 3.1-19(b)		CONTROL 1.An audit of all breaker panel locations was completed on 5/11/12 and documented to ensure locations of panels and all breakers are clearly marked to identify what they disconnect. 1.Maintenance Supervisor will add the breaker panels to the monthly preventative maintenance program 5/11/12 to ensure all marking remain clearly visible at all times. 1.The Executive Director and Safety Committee meet monthly and will review the preventative maintenance documentation to ensure compliance is ongoing.	

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K0056 SS=E	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 alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure 1 of 6 sprinkler heads in the A hall corridor was not positioned next to an obstruction which would interfere with the full development of the spray pattern for the sprinkler head. This deficient practice could affect 24 residents residing on A hall as well as visitors and staff. Findings include: Based on observation on 05/02/12 at 2:48 p.m. with the Maintenance Supervisor, the sprinkler head at the end of A hall next to the direct exit out was positioned just behind the exit sign which would preclude the sprinkler's spray pattern from fully developing. Based on interview on 05/02/12 at 2:50 p.m. with the Maintenance Supervisor, it was	K0056	**K 056** 1.The exit sign on A wing has been relocated so not to block the spray pattern of the sprinkler head. 1.An audit of all exit signs and sprinkler locations was completed on 5/11/12 to ensure no other sprinkler heads were blocked or less than 3' from exit signage and/or any other objects or signs. 1.Maintenance Supervisor will add monthly rounds to the preventative maintenance program to ensure no other	05/11/2012

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	acknowledged the sprinkler head which was blocked by the exit sign at the end of A hall would interfere with the sprinkler head's spray pattern. 3.1-19(b)		signs/objects are installed in the future within 3' of any sprinkler head. 1.Executive Director and the Safety Committee will review monthly, during Safety Meetings, the preventative maintenance program documentation to ensure ongoing compliance.	

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K0144 SS=F	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. Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants. Findings include: Based on observation of generator equipment on 05/02/12 at 2:45 p.m. with	K0144	**K 144** 1.A remote shut off button was installed on 5/14/12. 1.The button is clearly marked as Emergency Shut Off for Generator shut off. 1.Staff was in-serviced on the emergency shut off on 5/16/12 and education added to new hire packets for orientation. 1.Maintenance Supervisor will ensure function on the preventative maintenance program with the generator tests weekly. 1.The Executive Director and the Safety Committee will review monthly, the monthly preventative maintenance of the generator to ensure ongoing compliance.	05/16/2012

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	the Maintenance Supervisor, a remote shut off device was not found for the generator. Based on review of Generator Maintenance records on 05/02/12 at 4:30 p.m. with the Maintenance Supervisor, the generator was installed in 2008 and a remote means to shut the generator off was not provided. Based on interview on 05/02/12 at 2:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was not aware a remote shut off for the generator was required. 3.1-19(b)			