

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/04/2012
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NAME OF PROVIDER OR SUPPLIER  NEW HARMONIE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631
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K0000	<p>A Life Safety Code Recertification, State Licensure Survey and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/04/12</p> <p>Facility Number: 000555 Provider Number: 155370 AIM Number: 100267530</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code and Quality Assurance Walk thru survey, New Harmonie Healthcare 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>	K0000		
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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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	<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 smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 96 and had a census of 77 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except a detached garage used for a maintenance shop and maintenance and facility storage, and two detached wood framed sheds used for the water softener salt and activities supplies.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/10/12.</p>			

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	The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 business offices was separated from the corridors by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is</p>	K0017	An electrically supervised automatic spoke detector has been installed in the stated business office. Review of smoke detection system placement conducted. No othe issues identified Interim Maintenance Director re-inserviced on NFPA 101 LS Code. Administrator and maintenance to ensure area remains in compliance with NFPA 101 LS Code. Findings will be reported to Quality Assurance and Risk Managment for review and recommendations if warranted.	10/04/2012			

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	<p>protected by an automatic sprinklers, and (c) The space is arranged not to obstruct access to required exits. This deficient practice could affect all residents, staff and visitors in Zone 5, including 10 residents in rooms 407 through 412, and all other occupants using the Beauty Shop, Physical Therapy room, and front lounge.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 09/04/12 at 11:30 a.m., the Business Office at the main entrance had a thirty two inch by twenty four inch sliding glass window to the corridor. There was a one fourth inch gap between the window panes when closed. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the Business Office was not protected by an electrically supervised automatic smoke detection system. This was acknowledged by the Maintenance Supervisor at the time of observation.</p>			

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	3.1-19(b)			

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K0048 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to provide a complete written fire safety plan for the protection of 77 of 77 residents to accurately address all life safety systems such as the Procedure for Fire Alert (Code Red) When Fire Alarm Sounds, evacuation of the smoke compartment, the use of the K-class fire extinguisher in the kitchen, and staff response to battery operated smoke detectors in resident rooms thus addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and</li> </ol>	K0048	<p>Fire preparedness plan has been reviewed and revised to meet the required elements and accurately addresses all life safety systems: procedure for fire alert (code RED), when fire alarm sounds, evacuation of smoke compartment, use of K-Class fire extinguisher in the kitchen, and staff response to battery operated smoke detectors in resident rooms and all items in NFPA 101 2000 edition, section 19.7.2.2. LSC 19.7.2.2.Review conducted to ensure facility addresses all fire preparedness plan requirements.Facility staff has be re-inserviced on revised fire preparedness plan and use of K-Class fire extinguisher and how to react to batery operated smoke detector actuation.Maintenance Department to conduct fire drills monthly on all shifts. Findings to be reported to Quality Assurance and Risk Managment Committee.Maintenance department to sound fire alarm and or activate battery operated smoke detectors weekly times 4 weeks, then monthly thereafter. Findings to be reported to Quality Assurance Risk Management Committee for review and further recommendations if warranted.</p>	10/04/2012

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	<p>building for evacuation (8) Extinguishment of fire This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's written Fire Preparedness Plan on 09/04/12 at 10:15 a.m. with the Maintenance Supervisor present, the section titled PROCEDURE FOR FIRE ALERT (CODE RED) WHEN FIRE ALARM SOUNDS stated at A. Administrator (Person in Charge)</p> <p>1. "Report to West nurses' station and silence alarm", at 3. "Make decision whether or not to call fire department after reporting to site of fire. If there is no actual fire (e.g. alarm malfunction) or if the fire is small enough that it can easily be contained by facility personnel, the emergency phone number 682-3222 should be dialed to prevent an unnecessary trip to the facility by the fire department." Also, at F Maintenance Supervisor 1. "Report to West unit and silence alarm in absence of administrator", and also at K.</p>			

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	<p>Laundry Personnel 1. "Silence fire alarm in the absence of the administrator and maintenance supervisor." Furthermore, the Fire Preparedness Plan did not address evacuation of the smoke compartment, the use of the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system, and staff reaction to a resident room battery operated smoke detector if actuated. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the Fire Preparedness Plan did not accurately address staff reaction to the fire alarm if actuated and was an incomplete plan.</p> <p>3.1-19(b)</p>			

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K0051 SS=F	<p>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</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p>	K0051	<p>Fire alarm system has been equipped with an audible trouble signal. Review of fire alarm system conducted. No other issues identified. Maintenance department re-inserviced on NFPA 72 NFPA 72, 1-5.4.6 and NFPA 72, 1-5.4.4. Trouble signal audibility has been tested and meets requirement. Maintenance will conduct monthly testing of fire alarm system for audibility of trouble signal. Findings to be reported to Quality Assurance/Risk Management committee for review and further recommendations.</p>	10/04/2012

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	<p>Based on observations on 09/04/12 between 11:15 a.m. and 1:00 p.m. during a tour of the facility with Maintenance Supervisor, the Digital Alarm Communicator Transmitter (DACT) was located in the main boiler room. When the DACT was placed in trouble from phone line failure at 12:30 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The main boiler room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 1:40 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p>			