STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155539	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/25/2014
NAME OF PROVIDER OR SUPPLIER BERTHA D GARTEN KETCHAM MEMORIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 601 E RACE ST ODON, IN 47562	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
K010000	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: 02/25/14 Facility Number: 000300 Provider Number: 155539 AIM Number: 100287340 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Bertha D. Garten Ketcham Memorial Center Inc. was found in substantial 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), and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies. 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	K010000	March 12, 2014 Ms. Kim Rhoades, Director Division of Long Term Care Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204-3003 RE: Bertha D. Garten Ketcham Memorial Annual Life Safety Code Survey February 25, 2014 Dear Ms. Rhoades, The Indiana State Department of Health Life Safety Code surveyor visited our facility on February 25, 2014 for the purpose of conducting our annual recertification survey. By submitting the enclosed material we are not admitting to the truth	

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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	detectors in the corridors, in spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 62 and had a census of 51 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, one detached garage used for facility storage, and one detached office building used by employees only. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/03/14. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:		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. We respectfully request that our plan of correction be considered our allegation of compliance effective March 10, 2014. Please feel free to contact me if any additional information is needed. Respectfully submitted, Kathy Wittmer, HFA Administrator	

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K010027 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and interview, the facility failed to ensure 3 of 4 sets of smoke barrier doors that close in the same direction were equipped with the appropriate hardware to allow the door which must close first, to always close first so both doors always close completely. Smoke barrier doors equipped with an astragal are required to have a coordinator to ensure the door that must close first always closes first. This deficient practice could affect all residents, as well as staff and visitors. Findings include: Based on observations on 02/25/14 between 11:30 a.m. and 2:00 p.m. during a tour of the facility with the Maintenance Supervisor, the following sets of smoke barrier doors swung in the same direction and were equipped with astragals on one of the doors: between	K010027	Coordinators were installed on all three smoke-barrier doors cited to ensure that the doors are equipped with the appropriate hardware to allow the door which must close first, to always close first so both doors always close completely. Subsequent to the installation of the coordinators on March 10, 2014 the Maintenance Director conducted a test of all four facility smoke-barrier doors to ensure the astragal side of the door closed as per the LSC requirement. The Maintenance Director will be responsible to monitor the proper closing of the smoke-barrier doors which is a part of the routine Preventative Maintenance program. The doors will be tested weekly and reported monthly to the Administrator for one year for review at the facility Quality Improvement meetings. Upon routine checks of the facility smoke-barrier doors to ensure proper closing per the LSC requirement, the Maintenance Director will record the results of	03/10/2014

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	the west Nurses' Station and the Zone 3 corridor, between the west Nurses' Station and the Zone 2 corridor, and between the east Dining Room and Zone 1 corridor. These smoke barrier doors lacked coordinators to allow the astragal side to close second, however, all three sets of smoke barrier doors did close in the correct sequence when tested. During an interview at the time of each observation, the Maintenance Supervisor acknowledged the lack of coordinators on the three sets of smoke barrier doors. 3.1-19(b)		tests in the Preventive Maintenance log.	
K010069 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected	K010069	The facility kitchen exhaust system inspection was immediately scheduled following the LSC survey and the system was inspected and thoroughly cleaned on February 28, 2014 by Pure Air, Inc., Evansville. The next inspection is scheduled for August, 2014. The Dietary Manager will be responsible to monitor and schedule the semi-annual inspection and cleaning of the kitchen exhaust system which is a part of the routine kitchen Preventive Maintenance program. The inspection/cleaning of the kitchen exhaust system will take place	02/28/2014

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	semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect mostly kitchen staff. Findings include: Based on review of the kitchen range inspection reports in the Life Safety book on 02/25/14 at 11:25 a.m. with the Maintenance Supervisor present, there was no documentation to show the kitchen range hood had been inspected twice within the past twelve months. The only kitchen rang hood inspection report was dated 02/25/13. This was acknowledged by the Maintenance Supervisor at the time of record review. Based on observation at 11:45 a.m. during a tour of the facility with the Maintenance Supervisor, there was only one date (02/25/13) on the sticker on the		each six months and reported semi-annually to the Administrator for one year for review at the facility Quality Improvement meetings. Upon inspections/cleanings of the kitchen exhaust system, the Dietary Manager will record the results of the inspection/cleaning in the Preventive Maintenance log.	

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	kitchen range hood to indicate the range hood had been inspected. This was confirmed by the Maintenance Supervisor at the time of observation. 3.1-19(b)			
K020000	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: 02/25/14 Facility Number: 000300 Provider Number: 155539 AIM Number: 100287340 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Bertha D. Garten Ketcham Memorial Center was found in substantial 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), and 410 IAC 16.2. The 2012 addition consisting of	K020000	March 12, 2014 Ms. Kim Rhoades, Director Division of Long Term Care Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204-3003 RE: Bertha D. Garten Ketcham Memorial Annual Life Safety Code Survey February 25, 2014 Dear Ms. Rhoades,	

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	the new Physical Therapy addition was surveyed with Chapter 18, New Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The addition to the facility has a fire alarm system with hard wired smoke detectors in the new Physical Therapy addition, in the corridor, and in all adjacent rooms. The facility has a capacity of 62 and had a census of 51 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, one detached garage used for facility storage, and one detached office building used by employees only. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:		The Indiana State Department of Health Life Safety Code surveyor visited our facility on February 25, 2014 for the purpose of conducting our annual recertification survey. By submitting the enclosed material we are not admitting to 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. We respectfully request that our plan of correction be considered our allegation of compliance effective March 10, 2014. Please feel free to contact me if any additional information is needed. Respectfully submitted, Kathy Wittmer, HFA Administrator	