

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155618	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/15/2014
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NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES SUMMER TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 12999 N PENNSYLVANIA ST CARMEL, IN 46032
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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: 01/15/14</p> <p>Facility Number: 001149 Provider Number: 155618 AIM Number: 200145500</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manor Care Health Services Summer Trace 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility was determined to be of Type I (332) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the</p>	K010000	<p>The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.</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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K010062 SS=C	<p>corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 104 and had a census of 72 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/21/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</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 record review, observation and interview; the facility failed to document weekly fire pump inspection, testing and maintenance for 1 of 1 fire pumps for the most recent twelve month period. NFPA 25, Chapter 5-1.1 provides the minimum requirements for the routine</p>	K010062	K 062 SS=C NFPA 101 Life Safety Code Standard It is the practice of this center to comply with K 062 NFPA 101 Life Safety Code Standard What corrective action(s) will be accomplished for those residents found to have been affected by the deficient	01/31/2014			

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	<p>inspection, testing, and maintenance of fire pump assemblies. Table 5-1.1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. Chapter 5-3.2.1 requires a weekly test of electric motor driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically. The pump shall run a minimum of 10 minutes. Exception: A valve installed to open as a safety feature shall be permitted to discharge water.</p> <p>NFPA 25, 5-3.2.2.1. says the automatic weekly test timer shall be permitted to be substituted for the starting procedure. The pertinent visual observations specified in Chapters 5-2.2.1, through Chapter 5-2.2.3 shall be performed weekly. Chapter 1-8 states records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:30 a.m. to 12:00 p.m. on 01/15/14, documentation of weekly fire pump inspection, testing</p>		<p>practice; No residents were affected, but all have the potential to be affected. Fire Pump has been placed on a Weekly inspection, testing, and maintenance schedule. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; No residents were affected but all have the potential to be affected. Fire Pump has been placed on a Weekly inspection, testing, and maintenance schedule. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Maintenance Staff has been educated that the Fire Pump requires Weekly routine inspection, testing (Electric motor Driven Pump Assembly), and maintenance to ensure proper function, per NFPA 25, Chapter 5-1.1 & 5-3.2.1. Fire Pump Monitoring will be added to the weekly routine Maintenance Log. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Fire Pump will be monitored weekly x 4 weeks by Maintenance Director or Designee to ensure testing (MIN 10 Min Run), and maintenance compliance NFPA code. The results of the audit will be</p>		

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	<p>and maintenance for the most recent twelve month period was not available for review. Based on observation with the Maintenance Director during a tour of the facility from 12:45 p.m. to 2:45 p.m. on 01/15/14, the facility has a fire pump for the sprinkler system. Based on interview at the time of record review and observation, the Maintenance Director stated he was unaware of weekly fire pump inspection, testing and maintenance was required and acknowledged documentation of weekly fire pump inspection, testing and maintenance for the most recent twelve month period was not available for review.</p> <p>3.1-19(b)</p>		<p>submitted to the QA&A Committee for further review and recommendations. By what date the systemic changes will be completed; January 31, 2014.</p>		