

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155126	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2013
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NAME OF PROVIDER OR SUPPLIER MEDCO HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 457 S SR 145 FRENCH LICK, IN 47432
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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: 07/09/13</p> <p>Facility Number: 000054 Provider Number: 155126 AIM Number: 100287850</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist and Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Life Safety Code survey, Medco Health and Rehabilitation 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> <p>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 detectors in the corridors and spaces open</p>	K010000		

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>to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached laundry building, as well as two small detached wood sheds used for facility storage and biohazard storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/11/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010021 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen service metal rolling doors was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect all residents, as well as staff and visitors while in the Dining Room which was large enough to seat all residents.</p> <p>Findings include:</p> <p>Based on observation on 07/09/13 at 11:05 a.m. during a tour of the facility with the Maintenance Supervisor, the metal rolling service door between the kitchen and dining room was held open with chains and fusible link which would not allow the door to close automatically when the fire alarm system was activated.</p>	K010021	Vanguard Alarm Services has been contacted to schedule to hook up the kitchen service metal rolling door to our fire alarm system. When the fire alarm is activated it will automatically close. This is a one time repair.	08/08/2013			

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	<p>Based on interview at the time of observation, the Maintenance Supervisor acknowledged the metal roller door between the kitchen and dining room was held open with a chain and fusible link which would not allow the door to close automatically when the fire alarm system was activated.</p> <p>3.1-19(b)</p>			

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K010052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure a smoke detector in 1 of 5 smoke compartments was not installed where air flow would adversely affect its operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 4 residents from resident rooms 121 to 124 located in the center smoke compartment, plus any number of residents, as well as staff and visitors while in corridor of the center smoke compartment which included the dining room and beauty shop.</p> <p>Findings include:</p> <p>Based on observation on 07/09/13 at 11:03 a.m. during a tour of the facility with the Maintenance Supervisor, there was a ceiling mounted smoke detector in the corridor near resident rooms 121 to 124 in the center smoke compartment</p>	K010052	Vanguard Alarm Services has been contacted to schedule to relocate a smoke detector that is within 3' of a sidewall return air vent to a code compliant location. This is a one time repair.	08/08/2013			

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	<p>within six inches of a sidewall return air vent. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			

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K010066 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>1. Based on record review and interview, the facility failed to provide a complete smoking policy that was building specific for the protection of 63 of 63 residents. This deficiency could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's IN Region Smoking Policy on 07/09/13 at 10:35 a.m. with the Maintenance Supervisor present, the smoking policy was a generic policy and was not specific to the facility. The Maintenance</p>	K010066	A building specific smoking policy has been created for Medco to be approved by the QA board. After QA approval, new smoking poles will be added for the approved smoking area's.	08/08/2013			

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	<p>Supervisor agreed at the time of record review, the smoking policy was not building specific.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure cigarette butts were properly disposed of at 1 of 2 areas where cigarettes were smoked. This deficient practice could affect mostly staff who smoke outside the southwest exit plus any of the 37 residents, as well as staff and visitors in the south unit who would use the southwest exit to evacuate the facility.</p> <p>Findings include:</p> <p>Based on observation on 07/09/13 at 11:45 a.m. during a tour of the facility with the Maintenance Supervisor, the area outside the southwest exit was littered with more than 100 cigarette butts. There were no containers in this area to dispose of cigarette butts properly. Based on interview at the time of observation, the Maintenance Supervisor indicated this area was not an approved area for smoking.</p> <p>3.1-19(b)</p>						