

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155702	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2012
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NAME OF PROVIDER OR SUPPLIER CARING HANDS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1850 MATADOR ST PERU, IN 46970
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K0000	<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: 06/19/12</p> <p>Facility Number: 003130 Provider Number: 155702 AIM Number: 200386750</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Caring Hands Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code), and 410 IAC 16.2. The original building consisting of everything except the West Wing was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and</p>	K0000		

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>spaces open to the corridors. The facility has a capacity of 87 and had a census of 68 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/27/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 7 exits were readily accessible at all times in accordance with LSC Section 7.1. LSC Section 7.1 requires means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.1.7.1 changes in level in means of egress shall be achieved either by a ramp or a stair where the elevation difference exceeds 21 inches. This deficient practice could affect 68 residents if the dining room was full as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/19/12 at 1:45 p.m. with Maintenance Supervisor, the secondary exit leading out of the Main dining room evacuated residents outside the southeast exit onto a loading dock. From the loading dock there was a three foot drop to the pavement below. There was no stair or ramp to assist residents onto the the pavement below. Based on interview on 06/19/12 at 1:48 p.m. with the Maintenance Supervisor, it was acknowledged stairs or a ramp were not provided for the residents to negotiate the</p>	K0038	<p>K0038I. The stairs that are on the loading dock will be repaired providing an accessible exit.II. All residents, staff and visitors have the potential to be affected by this alleged deficient practice.III. The Maintenance Director will conduct a weekly audit of all exits to ensure that they are accessible. The Maintenance Director will report these findings monthly to the QA team for 6 months. IV. Completion Date: 7/19/12</p>	07/19/2012			

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	<p>three foot drop from the loading dock where the residents would be gathered to the pavement. It was further acknowledged by the Maintenance Supervisor, this exit was at opposite ends from the primary exit and was the only secondary exit residents could use.</p> <p>3.1-19(b)</p>				

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Based on observation and interview, the facility failed to ensure 2 of 16 resident room closets on Main hall south were provided with an automatic sprinkler heads to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 18 residents as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 06/19/12 during the tour between 1:17 p.m. to 1:30 p.m. with the Maintenance Supervisor, the closets in resident rooms 114 and 118 were not provided with sprinkler head coverage. Based on interview on 06/19/12 concurrent with each observation with the Maintenance Supervisor, it was acknowledged there were no sprinkler heads present in the</p>	K0056	<p>K056I. An audit was completed by the Maintenance Supervisor to ensure all closets in the facility had sprinkler head coverage. The two closets identified will have new sprinkler heads installed. II. All residents, staff and visitors have the potential to be affected by this alleged deficient practice. III. Those areas without coverage will have new sprinkler heads installed. IV. The Maintenance Supervisor will conduct a weekly audit of the facility to ensure that all areas have appropriate sprinkler head coverage. Those findings will be reported to the QA committee Monthly for six months.</p>	07/19/2012			

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	<p>aforementioned resident room closets to provide complete sprinkler coverage for the facility.</p> <p>3.1-19(b)</p>			

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