

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155132	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/24/2012
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NAME OF PROVIDER OR SUPPLIER  DANVILLE REGIONAL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122
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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: 05/24/12</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Danville Regional Rehabilitation 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) and 410 IAC 16.2. Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully</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>sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors in resident rooms in the Active Life Transition Unit only. The facility has a capacity of 127 and had a census of 101 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/30/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0048 SS=E	<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</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility. LSC 19.7.2.2 requires written health care occupancy fire safety plans 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 building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice affects any resident, staff and visitor in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of "Emergency Preparedness Fire Safety/Tornado and Severe Weather" and "Fire Safety Plan" documentation during record review with the Maintenance Director from 9:20 a.m. to 10:25 a.m. on 05/24/12, the facility's written fire safety plan did not address the</p>	K0048	<p>Corrective Action: policy has been changed to reflect 9.7.4.1 19.3.5.6, NFPA 10. Residents having the potential to be affected: No residents were affected. No other K-class fire extinguishers located within the facility. Systematic Changes: the policy has been reviewed and changed by Extencare to reflect the current NFPA Life Safety Code Standard and placed in the emergency preparedness manuals located throughout the facility. Monitoring: All Life Safety Code policy and procedure changes will be distributed by the Admn to the Maintenance Director and placed in the appropriate manual(s). Any change to the policy and procedure will be reviewed at monthly Safety Committee and/or QA Committee for review (upon each occurrence). Any identified problem will be brought to the attention of the Admn and addressed according to state and facility policy and procedures. Date of completion: 6-20-12</p>	06/20/2012			

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	<p>use of ABC type fire extinguishers and the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Director acknowledged the written fire safety plan for the facility did not include the policy to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K-class fire extinguisher.</p> <p>3.1-19(b)</p>			

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K0064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 portable K class fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2-3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect any staff or visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the</p>	K0064	<p>Corrective action: A placard has been ordered to place near the extinguishers that reflects the correct verbage in accordance to NFPA 10, 2-3.2.1. Residents having the potential to be affected: No residents were affected. No other K-class fire extinguishers located within the facility. In the event that another K-class extinguishsr is installed, a placard will be placed near the extinguisher in accordance to NFPA 10, 2-3.2.1. Systematic change: A placard has been ordered to place near the extinguisher that reflects the correct verbage in accordance to NFPA 10, 2-3.2.1. In the event that another K-class extinguishsr is installed, a placard will be placed near the extinguisher in accordance to NFPA 10, 2-3.2.1. Monitoring: In the event an additional K-class fire extinguisher is installed, the installation will be reviewed at monthly Safety Committee and/or QA Committee for review. Any identified problem will be brought to the attention of the Admn and addressed according to state and facility policy and procedures. Date of completion: 6-20-12</p>	06/20/2012			

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	<p>facility from 10:25 a.m. to 11:40 a.m. on 05/24/12, a placard was not conspicuously placed near the K-class portable fire extinguisher which states the fire protection system shall be activated prior to using the K-class portable fire extinguisher. Based on interview at the time of observation, the Maintenance Director acknowledged a placard was not conspicuously placed near the K-class portable fire extinguisher stating the fire protection system shall be activated prior to using the K class portable fire extinguisher.</p> <p>3.1-19(b)</p>			

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K0067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on record review and interview, the facility failed to ensure 117 of 117 fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the Chapman Heating and Air Conditioning letter to the facility dated 01/19/12 during record review with the Maintenance Director from 9:20 a.m. to 10:25 a.m. on 05/24/12,</p>	K0067	<p>Corrective action: Mowery Heating and Cooling has been notified on 6-11-12 to assess existing dampers and to provide a bid to inspect all fire dampers, testing and lubrication of all fire dampers and replacement of the fusible links. We received confirmation that a bid will be obtained within 5-7 business days. Other residents having the potential to be affected: No residents were affected. Mowery Heating and Cooling will provide the fire damper inspection to ensure NFPA 90A 1999 Edition, 3.4.7 is in compliance. Systematic changes: Due to the extensiveness of this project (financial, time and scheduling), we are estimating that the fire damper testing, lubricating and replacement of fusible links will be initiated within 30 days. Once the bid has been obtained, the work mentioned will be scheduled to adhere to standard NFPA 90A, 1999 Edition, 3.4.7 Maintenance will track the fire damper inspection on an Internal Life Safety Code Tracking Tool to ensure that an inspection will occur every 4 years for fusible links, and ensure that all dampers</p>	06/20/2012			

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	<p>documentation of fire damper testing performed within the last four years stated in the 01/19/12 letter, "117 fire dampers with fusible links, all fire dampers checked out good." In addition, the Chapman Service Report dated 02/27/09 stated "97 dampers were good, 6 fire dampers need replaced." The Maintenance Director stated there are fire dampers located throughout the facility which were installed when the facility was constructed and no documentation of testing date information is placed at the fire damper locations. The Maintenance Director stated he would contact Chapman to verify what level of service was performed on the 01/19/12 and 02/27/09 reports. Based on interview with the Maintenance Director during a telephone conversation at 4:30 p.m. on 05/24/12, the Maintenance Director stated Chapman performed a visual inspection of facility fire dampers and acknowledged Chapman's fire damper inspections do not include fusible link removal and verification each fire damper fully closes every four years.</p> <p>3.1-19(b)</p>		<p>are operating and can fully close, check the latch and lubricate moving parts as necessary. Monitoring: the Maintenance Director will monitor the above mentioned inspection on the Internal Life Safety Code Tracking Tool and provide a copy of the tracking tool to the Admn monthly. The inspection will be reviewed at monthly Safety Committee and/or QA Committee for review until resolved and in compliance. Any identified problem will be brought to the attention of the Admn and addressed according to state and facility policy and procedures. Date of completion: 6-20-12</p>		

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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: 05/24/12</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Danville Regional Rehabilitation 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) and 410 IAC 16.2. Building 0202 built in 2010 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0202 consists of the walkway addition, was built after March 1, 2003, was determined to be of Type V</p>	K0000		
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	(111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors in resident rooms in the Active Life Transition Unit only. The facility has a capacity of 127 and had a census of 101 at the time of this survey.			