

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155073	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/16/2015
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NAME OF PROVIDER OR SUPPLIER PILGRIM MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 222 PARKVIEW ST PLYMOUTH, IN 46563
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K 000 Bldg. 02	<p>A Life Safety Code and Environmental Preoccupancy for the addition of a Lounge area and resident room # 43 and # 44 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/16/15</p> <p>Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Pilgrim Manor 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 18, New Health Care Occupancies with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities.</p>	K 000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficienes cited during our life safety code inspection to certify new construction on February 16, 2015. Hopefully, you will find the remedies are sufficient, thoroughly explained and able to provide a clear picture of how we corrected these concerns. If after reviewing our plan of correction, if you have any questions or require additional information, please do not hesitate to contact Lori Smith, Administrator at 574-936-9943. Thank you.</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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K 011 SS=E Bldg. 02	<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 smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 71 and had a census of 55 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for three detached buildings which are a maintenance building, a freezer and the laundry for the facility.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/20/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire</p>						

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K 012 SS=E	<p>doors. 18.1.1.4.1, 18.1.1.4.2</p> <p>Based on record observation, and interview, the facility failed to ensure the 1 of 1 set of fire doors separating the new construction from the original building would latch into its frame. NFPA 101, 2000 Edition at 18.1.1.4.2 refers to Section 8.2. Section 8.2.3.2.1 (a) refers to NFPA 80. NFPA 80 at 3-4.2 states fire door hardware shall include hinge brackets, hinges, latches, latch keepers and operating handle mechanisms. This deficient practice could affect 4 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/16/15 at 1:00 p.m. with the Maintenance Supervisor the fire doors separating the new construction from the original building was not equipped with a latching device to latch the doors into their frame. Based on interview, concurrent with the observation it was acknowledged by the architect and the Maintenance Supervisor the separation from new and old construction was protected with ninety minute fire doors and they did not latch into their frame.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 011	<p>1. No residents were affected by this alleged deficient practice 2. All residents had the potential to be affected by this alleged deficient practice. 3. The doors that were on during the survey are clearly marked 3 hour fire doors. The doors now have fire door hardware including hinge brackets, hinges, latches, latch keepers and operating handle mechanisms. 4. Maintenance will check each fire door on a weekly basis to ensure that all have mechanical devices and are functioning properly (See Exhibit 1). These will be reported on in the monthly QA meetings (See exhibit 2)</p>	03/06/2015	

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Bldg. 02	<p>Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1</p> <p>Based on record review and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 18.1.6.2. Table 18.1.6.2 requires new additions constructed as a V (000) building is not permitted. This deficient practice could affect 4 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Engineering plan documentation and interview on 02/16/15 at 1:00 p.m. with the Maintenance Supervisor and Architect the building construction type was determined to be of Type V (000) construction which is not permitted in new construction. The walls, floor and trusses are of wood construction resulting in a construction type classification of V (000).</p> <p>3.1-19(b)</p>	K 012	<p>1. No resident was affected by this alleged deficient practice.</p> <p>2. Four residents, if occupied, had the potential to be affected by this alleged deficient practice. 3. There will be construction changes to bring the construction type up to V-111. 4. Construction will be monitored by Construction Manager Andy Roetker by following architect guidelines.</p>	04/20/2015	
K 038 SS=E Bldg. 02	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 exit doors from the new addition with</p>	K 038	<p>1. No resident was affected by this alleged deficient practice.</p> <p>2. Four residents, if occupied, could be affected by this alleged</p>	02/19/2015	

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	<p>electromagnetic locks unlocked while the fire alarm system was activated. LSC 7.2.1.6.2(e) requires doors with special locking arrangements such as electromagnetic locks shall automatically unlock upon actuation of an approved fire alarm system and remain unlock until the system is reset. This deficient practice could affect at least 4 residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 02/16/15 during a fire alarm test at 1:47 p.m. with the Maintenance Supervisor the electromagnetic lock on the exit door out of the new addition would not unlock when the fire alarm was activated. Based on interview on 02/16/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor the exit door would not unlock when the fire alarm was activated.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure the means of egress through 1 of 1 delayed egress locks met all conditions of LSC 7.2.1.6.1 so it would be readily accessible for all residents, staff and visitors. LSC 7.2.1.6.1, Delayed Egress Locks, says</p>		<p>deficient practice. 3. The wiring of the electromagnetic locks to the fire alarm system has been corrected and the doors now open when the fire alarm system is activated. 4. All fire exit doors will be monitored to ensure they release with the fire system on a monthly basis when the monthly fire drill is conducted (See Exhibit 3). The fire drill report will be reviewed in the monthly QA meetings (See Exhibit 2).</p>		

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	<p>approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system installed in accordance with Section 9.6, or an approved, supervised automatic sprinkler system installed in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that:</p> <p>(a) The doors unlock upon actuation of an approved, supervised automatic sprinkler system installed in accordance with Section 9.7, or upon the actuation of any heat detector or not more than two smoke detectors of an approved, supervised automatic fire detection system installed in accordance with Section 9.6.</p> <p>(b) The doors unlock upon loss of power controlling the lock or locking mechanism.</p> <p>(c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking</p>			

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K 045 SS=E	<p>shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 inch high and at least 1/8 inch in stroke width on a contrasting background that reads: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/16/15 at 2:05 p.m. with the Maintenance Supervisor the exit door leading out of the New addition was provided with a delayed egress lock but the exit door was not provided with signage stating the door could be opened in 15 seconds by pushing on the door. Based on interview concurrent with the observation, it was acknowledged by the Maintenance Supervisor the aforementioned exit door was not provided with required signage.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>			

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Bldg. 02	<p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 18.2.8</p> <p>Based on observation and interview, the facility failed to ensure the lighting in 1 of 9 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect at least 4 residents as well as visitors and staff, if the facility were required to evacuate out the New addition in an emergency and the single bulb outside light fixture failed.</p> <p>Findings include:</p> <p>Based on observation on 02/16/15 at 1:15 p.m. with the Maintenance Supervisor, the new addition exit had only one single bulb fixture on generator backup to provide illumination for the exit discharge to a public way. Based on interview with the Maintenance Supervisor concurrent with the observation it was acknowledged the aforementioned exit had only a single bulb light fixture available to illuminate the exit discharge.</p> <p>3.1-19(b)</p>	K 045	<p>1. No resident was affected by this alleged deficient practice.2. Four residents, if occupied, could have been affected by this alleged deficient practice.3. The light fixture that lights the exit means of egress has been replaced with a LED fixture that has multiple bulbs. This will ensure that if one bulb is not working that the egress will still be illuminated.4. Maintenance will monitor the outdoor lighting to ensure they illuminate the exit path on a weekly basis (See Exhibit 1). These will be reported at the weekly QA meeting (See Exhibit 2).</p>	02/18/2015