

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155464	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2015
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NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872
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K 0000 Bldg. 01	<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: 06/11/15</p> <p>Facility Number: 000492 Provider Number: 155464 AIM Number: 100291360</p> <p>At this Life Safety Code survey, Rockville Nursing and Rehabilitation Center was found in substantial compliance with Requirements for Participation in 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 II (111) construction with an attached covered front entry porch of Type V (000) construction which was fully sprinklered. The facility was considered to be Type V (000) construction for the purpose of this survey. The facility has a fire alarm</p>	K 0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effect June 19, 2015 to the annual Life Safety Survey conduction on June 11, 2015. We respectfully request a paper review. We will provide you with any additional information to confirm compliance per your request.</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 0051 SS=C Bldg. 01	<p>system with smoke detection in the corridors and spaces open to the corridors with battery powered smoke alarms in all resident sleeping rooms. The facility has a capacity of 38 and had a census of 22 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 for three detached structures housing storage and a maintenance area.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily</p>			

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	<p>available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/11/15 at 2:10 p.m., with the Maintenance Supervisor the electrical breaker box containing the breaker for the fire alarm control panel (FACP) located on the outside wall of the north exit adjacent to the generator was left unlocked and available to entry by anyone. Based on interview on 06/11/15 at 2:15 p.m. with the Maintenance Supervisor it was acknowledged the outside breaker box could be accessed by anyone because it was left unlocked.</p> <p>3.1-19(b)</p>	K 0051	<p>How will the corrective action be accomplished for those residents who are affected by this alleged deficient practice?A lock on the outside of the breaker box was immediately added and locked.</p> <p>How will the facility identify residents having the potential to be affected by the same deficient practice?</p> <p>All residents, staff and visitors had the potential to be affected by this finding, although none were identified.</p> <p>What measure will be put into place or systematic changes made to ensure the deficient practice does not recur?The maintenance director has been inserviced on why the breaker box needs to remain locked. The lock on the breaker box will remain locked at all times.</p> <p>How will the facility monitor its corrective actions?A performance improvement tool has been initiated that randomly reviews the security of the breaker box. The administrator will observe the breaker box to ensure it is locked 3x a week for 3 weeks, monthly for a month, then quarterly x3.</p>	06/19/2015	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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