

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155231	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/02/2015
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NAME OF PROVIDER OR SUPPLIER RANDOLPH NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 701 S OAK ST WINCHESTER, IN 47394
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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: 01/02/15</p> <p>Facility Number: 000136 Provider Number: 155231 AIM Number: 100275450</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Randolph Nursing Home 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 (111) construction and fully sprinkled except the receptionist office closet. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in</p>	K010000	The creation and submission of this plan does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review of certification of compliance on or after 2/1/15.	

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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K010029 SS=E	<p>all resident sleeping rooms. The facility has a capacity of 94 and had a census of 80 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the receptionist office closet. The facility had three detached wooden storage buildings which were not sprinkled.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/12/15.</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 One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p>			
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K010046 SS=F	<p>Based on observation and interview, the facility failed to ensure the corridor doors to 1 of 2 hazardous areas, such as a fuel fired equipment room, was provided with a door capable of resisting the passage of smoke. This deficient practice affect staff who work in the laundry room and staff who use the staff breakroom, both located adjacent to the Service Hall boiler room.</p> <p>Findings include:</p> <p>Based on observation on 01/02/15 at 9:30 a.m., the Service Hall boiler room metal door was separating into two pieces down the center of the door. Furthermore, the door had a two inch gap from the door separation with the door in the closed and latched position. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 01/02/15 at 1:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation, record review and interview, the facility failed to ensure 12</p>	K010029	<p>Door located adjacent to the service hall boiler room will be replaced by Safe Care. Door has been ordered and is scheduled to be installed on or before January 28, 2015.</p> <p>Door will be monitored one time a month for six months by the Maintenance Supervisor or designee for proper closure and door structure. See attached documentation: Letter from Safe Care and audit tool. This will be monitored at our monthly QA meeting for six months.</p>	02/01/2015			
			K010046	<p>All battery operated emergency lights will be tested monthly for</p>	01/31/2015		

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	<p>of 12 battery backup lights were tested monthly and annually for 90 minutes over the past year to ensure the lights would provide lighting during periods of power outages. LSC 19.2.9.1 requires emergency lighting shall be provided in accordance with Section 7.9. Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents in the facility during a power outage.</p> <p>Findings include:</p> <p>Based on record review on 01/02/15 at 9:10 a.m. with the maintenance supervisor, the documentation provided for review to verify monthly tests of twelve battery backup lights located throughout the facility was a report from SafeCare Inc. dated 09/12/14, which listed the twelve emergency lights and a test of the battery packs. Based on an</p>		<p>proper operation. All battery operated emergency lights will be tested annually each January for proper operation. Audits will be conducted by the Maintenance Supervisor or designee monthly for six months. This will be monitored at our monthly QA meeting for six months.</p> <p>See attached documentation: Audit tool.</p>				

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K010056 SS=E	<p>interview with the maintenance supervisor on 01/02/15 at 9:20 a.m., there was no other documentation available for review to indicate monthly tests of the twelve battery backup lights or an annual 90 minute test. The lack of monthly testing of twelve battery backup lights and an annual 90 minute test was verified by the maintenance supervisor at the time of record review and acknowledged by the administrator at the exit conference on 01/02/15 at 1:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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 1 of 6 receptionist office rooms was sprinkled. This deficient practice affects any residents in the facility who use the receptionist</p>	K010056	<p>Sprinkler installed in the receptionist office closet by Safe Care on 1/15/15.</p> <p>Sprinkler will be audited one time</p>	01/15/2015			

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K010062 SS=E	<p>office, located adjacent to the main nurses' station.</p> <p>Findings include:</p> <p>Based on observation on 01/02/15 at 9:55 a.m. with the maintenance supervisor, the receptionist office closet lacked sprinkler coverage. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 01/02/15 at 1:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace 1 of over 300 sprinklers in the facility covered in paint. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in</p>	K010062	<p>a month for six months by Maintenance Supervisor or designee. This will be monitored at our monthly QA meeting for six months.</p> <p>See attached documentation: Safe Care completed service call report.</p> <p>Sprinkler head that had paint on it was replaced on 1/15/15 as evidenced by Safe Care's completed service call report. Sprinkler head will be monitored one time a month for six months by Maintenance Supervisor or designee. This will be monitored at our monthly QA meeting for six months. See attached documentation: Safe Care's completed service call report.</p>	01/15/2015

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K010130 SS=F	<p>the improper orientation. This deficient practice could affect 38 residents who reside on the 100 Hall.</p> <p>Findings include:</p> <p>Based on observation on 01/02/15 at 11:45 a.m. with the maintenance supervisor, the 100 Hall dayroom east sidewall sprinkler was completely covered in white paint. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 01/02/15 at 1:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review and interview; the facility failed to implement and maintain a preventive maintenance program for battery operated smoke detectors installed in 49 of 49 health care resident rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p>	K010130	Battery operated smoke detectors will be tested monthly and batteries will be replaced annually every January. Audits will be conducted one time a month for six months by the Maintenance Supervisor or designee. This will be monitored at our monthly QA meeting for six months. See attached documentation: audit tool.	01/31/2015			

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K010154 SS=F	<p>Based on an interview on 01/02/15 at 9:15 a.m. with the maintenance supervisor, the facility has forty nine resident rooms with battery operated smoke detectors located in each of the resident rooms. Furthermore, there was no preventive maintenance program to document monthly testing and annual battery replacement for each battery operated smoke detector. The lack of a written maintenance program to provide monthly testing and annual battery replacement for the forty nine resident room battery operated smoke detectors was verified by the maintenance supervisor at the time of interview and acknowledged by the administrator at the exit conference on 01/02/15 at 1:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy in the event the automatic</p>	K010154	Written policy as related to the automatic sprinkler system has been revised to include the	02/01/2015

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	<p>sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, standard for Inspection, Testing and maintenance of water-Based Fire Protection Systems. NFPA 25, 11-2 requires an appointed sprinkler impairment coordinator. NFPA 25, 11-5 requires a preplanned program to include evacuation or an approved fire watch and 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified and 11-5(f) requires notification of supervisors in the area in addition to those already mentioned and lastly 11-7 requires notification of everyone again when the system is restored. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Out of Order Fire Alarm System or Sprinkler System Policy on 01/02/15 at 9:05 a.m. with the maintenance supervisor, the written policy lacked notification of the local fire department, the alarm company, the insurance carrier and the Indiana State</p>		<p>requirement of notifying the local fire department, the alarm company, the insurance carrier and the Indiana State Department of Health. This will be monitored at our monthly QA meeting for six months. See attached documentation: revised policy</p>				

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K010155 SS=F	<p>Department of Health. This was verified by the maintenance supervisor at the time of record review and acknowledged by the administrator at the exit conference on 01/02/15 at 1:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 to protect 46 of 46 residents. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Out of Order Fire Alarm System or Sprinkler System Policy on 01/02/15 at 9:05 a.m. with the maintenance supervisor, the written</p>	K010155	Written policy as related to Out of Order Fire Alarm System or Sprinkler System Policy has been revised to include the requirement of notifying the alarm company, the insurance carrier and the Indiana State Department of Health. This will be monitored at our monthly QA meeting for six months. See attached documentation: revised policy.	02/01/2015

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	<p>policy lacked notification of the local fire department, the alarm company, the insurance carrier and the Indiana State Department of Health. This was verified by the maintenance supervisor at the time of record review and acknowledged by the administrator at the exit conference on 01/02/15 at 1:15 p.m.</p> <p>3.1-19(b)</p>				