

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155807	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2015
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NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1747 N RURAL ST INDIANAPOLIS, IN 46218
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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: 06/05/15</p> <p>Facility Number: 000388 Provider Number: 155807 AIM Number: 100454140</p> <p>At this Life Safety Code survey, Rural 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 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 39 at</p>	K 0000	<p>This plan of correction is to serve as Rural Health Care's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Rural Health Care or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of compliance of the nursing care or the other services in the facility. Nor does this submission constitute an admission or agreement of the survey allegations.</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 0050 SS=F Bldg. 01	<p>the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except one detached wooden shed providing facility storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to document fire drills conducted on the first shift for 1 of 4 quarters and on the second and third shift for 3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" and "Monthly Fire Drill" documentation with the Maintenance Supervisor during record review from 9:10 a.m. to 11:00 a.m. on 06/05/15, documentation of a fire</p>	K 0050	<p>I. Themaintenance supervisor will be educated on the importance of keeping anaccurate record of the fire drills conducted and making sure they are readilyavailable. II. Allresidents have the potential to be effected by the deficient practice. III. TheMaintenance Director will develop schedule to include dates and times for firedrills for the next months on a calendar and present it to theAdministrator. IV. The Administrator will approve the proposed schedule and ensure that the fire drills are conducted on the approved dates and times.</p>	06/19/2015

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K 0052 SS=C Bldg. 01	<p>drill conducted on the first shift in the third quarter of 2014 was not available for review. Documentation of a fire drill conducted on the second and third shift in the second quarter of 2014 and the second quarter 2015 was also not available for review. In addition, documentation of a fire drill conducted on the second and third shift for the third quarter and fourth quarter of 2014 was not available for review. Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation of fire drills conducted on the aforementioned shifts and calendar quarters was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>			
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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.2.5.2 states connections to the light and power service shall be on a dedicated branch circuit(s). Circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. The location of the circuit disconnecting means shall be permanently identified at the fire alarm control unit. NFPA 72, 1-5.2.5.3 states an overcurrent protective device of suitable current carrying capacity and capable of interrupting the maximum short circuit current to which it may be subject shall be provided in each ungrounded conductor. The overcurrent protective device shall be enclosed in a locked or sealed cabinet located immediately adjacent to the point of connection to the light and power conductors. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 12:00 p.m.</p>	K 0052	<p>I. The Maintenance Supervisor will install a lock on the cabinet containing the fire alarm system breaker. II. All residents have the potential to be effected by the deficient practice. III. The Maintenance Supervisor will ensure that the lock remains in place during his daily facility rounds. IV. The Administrator will audit the Maintenance facility rounds check list to ensure that the lock remains in place.</p>	06/19/2015

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K 0064 SS=C Bldg. 01	<p>on 06/05/15, the electrical panel near the dietary entrance which contained the fire alarm system breaker was not locked. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the overcurrent protective device for the fire alarm system was not enclosed in a locked or sealed cabinet.</p> <p>3.1-19(b)</p> <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 Based on observation and interview, the facility failed to inspect 5 of 9 portable fire extinguishers each month. NFPA 10, Standard for Portable Fire Extinguishers, Section 4-3.4.2 requires fire extinguisher inspections at least monthly with the date of inspection and the initials of the person performing being recorded. In addition, NFPA 10, Section 4-2.1 defines inspection as a "quick check" to ensure the fire extinguisher is available and will operate. It is intended to give reasonable assurance the fire extinguisher is fully charged and operable, verifying that it is in its designated place, it has not been</p>	K 0064	<p>I. The Maintenance Supervisor will be reeducated on the importance of inspecting the fire extinguishers and keeping an accurate log. II. All residents, staff and visitors have the potential to be effected by the deficient practice.</p> <p>III. The Maintenance Supervisor will develop a monthly schedule to which he will inspect all fire extinguishers within the facility. He will locate all extinguishers on the facility map and attach it to his monthly schedule to ensure that all extinguishers get inspected</p>	06/19/2015

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	<p>actuated or tampered with and there is no obvious or physical damage or condition to prevent its operation. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 12:00 p.m. on 06/05/15, the annual maintenance tag attached to the portable fire extinguishers listed below each indicated an annual inspection was conducted in September 2014 but a monthly inspection had not been documented for May 2015.</p> <ul style="list-style-type: none"> a. kitchen K Class extinguisher. b. dietary fire extinguisher. c. outside the maintenance office by the laundry. d. inside the maintenance office by the laundry. e. in the corridor outside Room 4. <p>Based on interview at the time of the observations, the Maintenance Supervisor stated no other monthly fire extinguisher inspection documentation was available for review and acknowledged monthly inspections for the aforementioned portable fire extinguishers were not documented for May 2015.</p> <p>3.1-19(b)</p>		<p>everymonth. The Maintenance Supervisor will present this schedule to the Administratorfor his approval. IV.</p> <p>TheAdministrator will audit the Maintenance Supervisor inspection log monthly for12 months to ensure that each extinguisher is checked and the date of theinspection is located on the extinguisher tag.</p>	

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K 0069 SS=D Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal,	K 0069	I. TheMaintenance Supervisor was educated on the purpose of keeping accuratedocumentation of services provided to the by vendors and ensuring that it isreadily available.II. Twostaff members and visitors could be effected by the deficient practice. III. TheMaintenance Supervisor will keep a binder that includes the paperwork fromvendors that perform required maintenance on the facility's equipment. Each vendor will have its own tab to ensurethat the documentation is readily available. The Maintenance Supervisor will also keep a calendar to notates the dateof last visit from each vendor and when the next projected visit should bescheduled.IV. TheAdministrator will audit the binder to ensure that all documentation is inplace.	06/19/2015

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K 0130 SS=C Bldg. 01	<p>it shall not be coated with powder or other substance. This deficient practice could affect two staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of 360 Services "Service Report" documentation dated April 2015 with the Maintenance Supervisor during record review from 9:10 a.m. to 11:00 a.m. on 06/05/15, documentation of a semiannual kitchen exhaust systems inspection six months prior to April 2015 was not available for review. Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation of a semiannual kitchen exhaust systems inspection six months prior to April 2015 was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program for battery operated smoke detectors installed in 23 of 23 resident sleeping</p>	K 0130	<p>I. Maintenance Supervisor was reeducated on the importance of keeping accurate records of the cleaning and testing of smoke detectors in each room. II. All residents, staff and visitors</p>	06/19/2015
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	<p>rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor from 9:10 a.m. to 11:00 a.m. on 06/05/15, documentation of resident sleeping room battery operated smoke detector testing and cleaning was not available for review for the most recent twelve month period. Based on observations with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 12:00 p.m. on 06/05/15, battery operated smoke detectors were installed in each of 23 resident sleeping rooms in the facility. Review of Kidde Model i9010 ionization smoke alarm information affixed to the back of the battery operated smoke detector in Room 4 stated to "test weekly" and "clean the smoke alarm annually". Based on interview at the time of record review and of the observations, the Maintenance Supervisor stated Kidde Model i9010 battery operated smoke detectors are installed in each of 23 resident sleeping rooms in the facility and acknowledged documentation of resident</p>		<p>could be effected by the deficient practice. III. TheMaintenance Supervisor will develop a schedule to ensure the cleaning and testingof the smoke detectors in each room. Theschedule will be presented to the Administrator for his approval. IV. TheAdministrator will audit the log to ensure that the smoke detectors are checkedand cleaned on their designated day.</p>	

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	<p>sleeping room battery operated smoke detector testing and cleaning was not available for review for the most recent twelve month period.</p> <p>3.1-19(a)</p>			