

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E683	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/19/2016
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NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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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: 04/19/16</p> <p>Facility Number: 000399 Provider Number: 15E683 AIM Number: 100289100</p> <p>At this Life Safety Code survey, Morgantown Health Care 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 with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and 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 39 and had</p>	K 0000	Morgantown Health Care-Inn is requesting from the State of Indiana PAPER COMPLIANCE for Survey Event BMC421.	
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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 0025 SS=B Bldg. 01	<p>a census of 35 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage services which was not sprinklered.</p> <p>Quality Review completed on 04/21/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was protected to maintain at least a one half hour fire resistance rating. LSC 19.3.7.3 refers to Section 8.3. LSC Section 8.3.6.2 states openings in smoke barriers of a building shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier or it shall be protected by an approved device that is designed for the specific purpose. This deficient practice could affect 12 residents, staff and visitors.</p>	K 0025	<p>1. Maintenance person immediately filled the 3/4 in. hole with flame retardant caulk. 2. All residents have the the potential to be affected. 3. ESD and Maintenance will check the building on a weekly basis for fire resistance rating of the ceiling smoke barrier for any holes this will be reported on the Preventive Maintenance Log weekly. Hole was patched on 4/19/16. 4. ESD will report to QA Committee quarterly for 6 months and follow the recommendations of the QA Committee. 5. Completion date 5/19/2016.</p>	05/19/2016

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	<p>Findings include:</p> <p>Based on observation with the Maintenance Assistant during a tour of the facility from 11:10 a.m. to 12:05 p.m. on 04/19/16, a three quarter inch in diameter hole for the passage of two cables was noted in the ceiling smoke barrier in the front entrance lobby above the main entrance door for the facility which was not filled with a material capable of maintaining the smoke resistance of the ceiling smoke barrier. Based on interview at the time of observation, the Maintenance Assistant acknowledged the aforementioned opening did not maintain the fire resistance rating of the ceiling smoke barrier.</p> <p>3.1-19(b)</p>						
K 0046 SS=A Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 16 battery powered emergency lights was</p>	K 0046	1. New Light was immediately ordered to replace the light that did not work from Direct Supply on 4/19/16 and was to be shipped	05/19/2016			

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	<p>maintained in accordance with LSC 7.9. LSC 7.9.2.4 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. This deficient practice could affect two staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant during a tour of the facility from 11:10 a.m. to 12:05 p.m. on 04/19/16, the battery operated emergency light located in the kitchen above the exit door to the corridor failed to illuminate when its respective test button was pressed five times. Based on interview at the time of observation, the Maintenance Assistant acknowledged the aforementioned battery operated emergency light failed to illuminate when its respective test button was pressed five times.</p> <p>3.1-19(b)</p>		<p>overnight from Direct Supply. 2. All residents have the potential to be affected. 3. ESD and maintenance will check daily on the Preventive Maintenance Log the emergency lighting system and notify the Admin. if a new lamp is needed or not working properly. New light was installed on 4/21/16 and is working properly. 4. ESD, HFA, Maintenance will report to QA quarterly for 6 months and follow the recommendations of the Committee. 5. Date Completed 5/19/16.</p>	

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K 0069 SS=A Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on observation and interview, the facility failed to install the kitchen range hood system in accordance with the requirements of LSC 9.2.3. Section 9.2.3 states commercial cooking equipment shall be installed in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 1998 edition, Section 3-2.6 states kitchen range hood system filters shall be equipped with a drip tray beneath their lower edges. The tray shall be kept to the minimum size needed to collect grease and shall be pitched to drain into an enclosed metal container having a capacity not exceeding 1 gal (3.785 L). This deficient practice could affect two staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant during a tour of the facility from 11:10 a.m. to 12:05 p.m. on 04/19/16, one of one designated locations underneath the kitchen range hood system drip tray was missing an</p>	K 0069	<p>1. 360 Services were called immediately on 4/19/16 to replace the grease container for the grease drain. 2. All residents have the potential to be affected. 3. Dietary Manager and cooks will make sure that the grease container is properly installed daily and in working order as well as the filters on the range hood and record on a daily check off sheet. The grease container is to be installed on 4/29/16. 4. Dietary Manager, HFA will report to QA for 6 months and follow the recommendations of the QA Committee. 5. Date Completed 5/19/16.</p>	05/19/2016

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	<p>enclosed metal container for grease to drain into. The designated location for the missing grease container had a one inch in diameter hole in the drip tray beneath the system filters but no container was present. Based on interview at the time of observation, the Maintenance Assistant acknowledged one of one designated locations underneath the kitchen range hood system drip trays was missing an enclosed metal container for grease to drain into.</p> <p>3.1-19(b)</p>			