

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155160	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2013
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NAME OF PROVIDER OR SUPPLIER STONEBROOKE REHABILITATION CENTRE & SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 990 N 16TH ST NEW CASTLE, IN 47362
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 04/11/13</p> <p>Facility Number: 000080 Provider Number: 155160 AIM Number: 100289330</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Stonebrooke Rehabilitation Centre & Suites 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 two story facility was determined to be of Type II (111) construction and fully sprinklered excluding the first floor north and south elevator equipment rooms. The facility has a fire alarm system with smoke detection on all levels including</p>	K010000		
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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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	<p>the corridors, spaces open to the corridors, battery operated smoke detectors in resident rooms 23, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 238, 239, 240, 242, 243, 244, 245, 246, 247, 248, 249, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, and 119 with hard wired smoke detectors in resident rooms 100, 101, 102, 103, 104, 105, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135 and 136. The facility has a capacity of 134 and had a census of 89 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except the north and south elevator equipment rooms, two detached wooden storage sheds and one detached metal storage shed.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 2 of 2 first floor elevator equipment rooms were provided with sprinkler coverage. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect 42 resident who reside on the first floor.</p> <p>Findings include:</p> <p>Based on observations during a tour of the</p>	K010056	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: None of the 42 residents who reside on the first floor were affected by this alleged deficient practice. The facility will ensure that the first floor equipment rooms will be equipped with the proper sprinkler coverage in accordance with NFPA 13 and ASME/ANSI A17.1. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Forty two residents who reside on the first floor have the potential to be affected by this alleged deficient practice. The facility will ensure that the first floor elevator equipment rooms will be equipped with the proper sprinkler coverage in accordance</p>	05/11/2013			

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	<p>first floor on 04/11/13 from 9:40 a.m. to 11:55 a.m. with the maintenance supervisor and administrator, the first floor south and first floor north elevator equipment rooms were not provided with sprinkler coverage. This was verified by the maintenance supervisor and administrator at the time of observations and confirmed by the administrator at the exit conference on 04/11/13 at 1:45 p.m.</p> <p>3.1-19(b)</p>		<p>with NFPA 13 and ASME/ANSI A17.1. The E. D. is responsible to ensure compliance. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The first floor elevator equipment rooms will be equipped with the proper sprinkler coverage in accordance with NFPA 13 and ASME/ANSI A17.1. The facility has entered into a contract with P.I.P.E. to repair 6 sprinkler heads in the kitchen area and to complete this work on or before May 11, 2013. The facility has entered into a contract with P.I.P.E. and I.E.I. to install a shunt trip and provide proper sprinkler coverage by May 31, 2013. The E.D. is responsible to ensure compliance. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur: The sprinkler system will be properly maintained in accordance with NFPA 25 and ASME/ANSI A17.1. The E.D. and Maintenance Director will monitor and be responsible for compliance. 5) By what date the systemic changes will be completed: The corrective actions will be completed on or before May 11, 2013.</p>		

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K010062 SS=E	<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 6 of over 23 sprinklers in the kitchen covered in corrosion. 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 the improper orientation. This deficient practice could affect 15 residents in the facility who use the first floor main dining room, located adjacent to the kitchen in the Service Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/11/13 at 11:30 a.m. with the maintenance supervisor and administrator, the kitchen had six sidewall mounted sprinklers starting from the serving window extending in a circular fashion to the wall separating the exit corridor which were completely covered with brown spots of</p>	K010062	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: None of the 15 first floor residents who use the first floor Dining room were affected by this alleged deficient practice. The facility will replace the six sprinklers in question to ensure proper maintenance in accordance with NFPA 25. 2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Fifteen residents who use the first floor Dining room have the potential to be affected by this alleged deficient practice. The facility will ensure that the six sprinklers in question are replaced to ensure that the proper maintenance is being maintained to the sprinkler system in accordance with NFPA 25. The E.D. is responsible to ensure compliance. 3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The six sprinkler heads in question in the kitchen will be replaced to ensure that the proper maintenance is</p>	05/11/2013			

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	corrosion. This was verified by the maintenance supervisor and administrator at the time of observation and confirmed by the administrator at the exit conference on 04/11/13 at 1:45 p.m. 3.1-19(b)		being maintained to the sprinkler system in accordance with NFPA 25. The E.D. is responsible to ensure compliance. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur: The sprinkler system will be properly maintained in accordance with NFPA 25. The maintenance director will monitor monthly and report to CQI committee any concerns to ensure sprinkler head compliance. The E.D. and Maintenance director will monitor and be responsible for compliance. 5) By what date the systemic changes will be complete: The corrective actions will be completed on or before May 11, 2013.		