

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155455	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2013
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NAME OF PROVIDER OR SUPPLIER WESLEYAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 729 W 35TH ST MARION, IN 46953
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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: 08/07/13</p> <p>Facility Number: 000557 Provider Number: 155455 AIM Number: 100291240</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Wesleyan 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors and in the resident rooms. The facility has a capacity of 169 and had</p>	K010000	We respectfully request paper compliance for the Life Safety Code survey dated 8/7/2013.	
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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>a census of 125 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had two detached garages providing storage for maintenance supplies, lawn care equipment and paint which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/12/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Business office corridor fire door was accessible. Health care occupancies permit delayed-egress locks if all the conditions of LSC, Section 7.2.1.6.1 are met. LSC 7.2.1.6.1(d) requires on the door adjacent to the release device there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in width on a contrasting background that reads as follows: "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS". This deficient practice could affect any occupants in the Business office corridor in the event of an after hours emergency.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/07/13 at 3:57 p.m., the Business office fire door was equipped with electromagnetic locking system. Based on an interview with the Maintenance Supervisor at the time of observation, the electromagnetic locking system was engaged at 5:00 p.m. each day. Once magnetically locked, the door would release after a 15 second</p>	K010038	<p>Corrective Actions: The appropriate signage for the electromagnetic locking door on the business office corridor fire door has been added. All other electromagnetic locking doors have been checked for appropriate signage. No other doors in the facility have been identified as having this type of locking mechanism. All doors in the facility have appropriate signage. Per facilities TELS electronic monitoring system, all doors will be monitored on a weekly basis to ensure compliance. All concerns identified by the maintenance director or designee will be forwarded to the QA committee for review and compliance. All corrections will be made before 9/6/2013</p>	09/06/2013			

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	<p>delay. The door lacked a sign that reads "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS."</p> <p>3.1-19(b)</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 6 sprinkler heads in the main entrance canopy. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected 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 residents in the main entrance lounge with seating for at least 4 residents and occupants near the main entrance canopy in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 08/07/13 at 2:45 p.m., the six sprinkler heads in the main entrance canopy were covered with a green substance. This was acknowledged by the Maintenance Supervisor at the time of observation.</p>	K010062	<p>Corrective Actions: All sprinkler heads covered with the green substance on the canopy have been removed and replaced with appropriate sprinkler heads. Identification of corrective actions taken for other residents who have the potential to be affected: All residents have the potential to be affected. A facility tour has been conducted by the maintenance director and no deficient sprinkler heads were found. All other sprinkler heads appear to be in working condition. Preventative Measures taken: Maintenance has contacted the facility sprinkler inspection company to inspect the entire facility. The contracted company is scheduled to complete quarterly inspections of the sprinkler system and a 5 year inspection of the dry pipe system. How the corrective actions will be monitored: Maintenance or maintenance designee will audit facility for compliance weekly for 4 weeks and then as needed to ensure compliance. Any concerns or deficient findings will be forwarded to the QA committee to ensure compliance. All corrections will be made by 9/6/2013.</p>	09/06/2013			

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