

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155242	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303
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K0000	<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: 06/18/12</p> <p>Facility Number: 000146 Provider Number: 155242 AIM Number: 100291200</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehabilitation-Muncie 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 smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms on the 800 and</p>	K0000		

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>900 halls. The facility has a capacity of 185 and had a census of 148 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/25/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0056 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>1. Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 6 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 24 residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/18/12 at 1:22 p.m. with the Maintenance Supervisor, the vinyl canopy which measured ten feet from the building outside the Regent exit</p>	K0056	<p>1. The canopy was removed from the Regent exit and the sprinkler head in computer area was removed and plugged, thus allowing appropriate distance between sprinkler heads.2. No other residents will be affected as the canopy has been removed and the sprinkler plugged.3. The Regent exit and the computer room will remain free of any canopy and additional sprinklers.4. The Maint. Supervisor or designee will monitor all sprinkler heads for adequate spacing weekly. He will ensure no other exits have any canopies that exceed 4 feet that are attached to the building unless sprinkler heads are present. Maint. will monitor weekly and report to PI for six months.5. July 20, 2012</p>	06/20/2012

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	<p>was not sprinklered. The ten foot canopy was constructed of aluminum supports and was covered with a vinyl roof. Based on interview on 06/18/12 at 1:24 p.m. with the Maintenance Supervisor, it was acknowledged the Regent exit canopy was not sprinklered and exceeded four feet in width and further acknowledgement by the Maintenance Supervisor indicated the canopy was constructed of aluminum supports with a vinyl cover.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 2 sprinkler heads in the computer room were installed a minimum of 6 feet apart. NFPA 13, Section 5-6.3.4, "Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 3 residents observed in the adjacent front lounge as well as visitors and staff</p> <p>Findings include:</p> <p>Based on observation on 06/18/12 at 11:40 a.m. with the Maintenance Supervisor, the computer room next to the front receptionist office had two sprinkler heads on the ceiling which were four feet</p>						

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	<p>apart. Based on interview on 06/18/12 at 11:42 a.m. with the Maintenance Supervisor, it was acknowledged the two sprinkler heads in the computer room were four feet apart.</p> <p>3.1-19(b)</p>				