

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155754	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2012
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NAME OF PROVIDER OR SUPPLIER HUBBARD HILL ESTATES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 28070 CR 24 ELKHART, IN 46517
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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: 01/25/12</p> <p>Facility Number: 001131 Provider Number: 155754 AIM Number: 200823940</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hubbard Hill Estates, Inc. was found in substantial 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>	K0000		
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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>This two 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. The facility has a capacity of 66 and had a census of 57 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/02/12.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0048 SS=B	<p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any resident, as well as staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p>	K0048	<p>No residents were affected. Disaster Policy updated to reflect K class fire extinguishers located in kitchen in relationship with the use of kitchen overhead extinguishing system. All residents had the potential to be affected. Disaster Policy updated to reflect K class fire extinguishers located in kitchen in relationship with the use of kitchen overhead extinguishing system. All staff will be inserviced on the updated Policy on February 15, 16, 17, 2012. Maintenance Director and Administrator will monitor and update disaster policy as changes to expectations occur. Maintenance Director will report to Quality Improvement Committee of Life Safety regulation changes. Quality Improvement Committee will assure Disaster Policy is updated as needed.</p>	02/24/2012			

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	<p>Based on a review of the facility's written fire disaster plan on 01/25/12 at 2:35 p.m. with the maintenance supervisor, the fire disaster plan did not include the use of the Class K fire extinguisher located in the kitchen in relationship with the use of the kitchen hood extinguishing system. The maintenance supervisor acknowledged at the time of record review, he was not aware of the missing policy and procedure concerning the extinguisher.</p> <p>3.1-19(b)</p>				

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K0050 SS=C	<p>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 ensure fire drills were conducted at various times and under various conditions on each shift for 4 of the last 4 quarters. This deficient practice could effect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drill records on 01/25/12 at 2:45 p.m. with the maintenance supervisor, for four of the last four quarters of 2011 the third shift fire drills were conducted within the 11:40 p.m. hour. The maintenance supervisor stated at the time of record review, he believed the fire</p>	K0050	No residents were affected. Fire drills will be conducted under various times and under various conditions. All residents had the potential to be affected. Fire drills will be conducted under various times and under various conditions. A schedule will be made of all fire drills to ensure that they are random. The Maintenance Director will review and approve this schedule. The maintenance staff will be inserviced on this requirement on Feb. 15, 2012. Maintenance Director will monitor to ensure that the drills are at the random scheduled times. Maintenance Director will report quarterly to the Quality Safety Committee and the Quality Improvement Committee of Life Safety regulation and the results of the scheduled fire drills quarterly.	02/24/2012	

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	drills were varied. 3.1-9 (b) 3.1-51(c)			
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