STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155126	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED 10/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDCO HEALTH AND REHABILITATION CENTER	457 S SR 145 FRENCH LICK, IN 47432

(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
K010000	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). Survey Date: 10/08/14 Facility Number: 000054 Provider Number: 155126 AIM Number: 100287850 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Medco Health and Rehabilitation 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. This one story facility was determined to be of Type V (000)construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated	K010000	"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report." Please find attached additional information to support the submitted Plan of correction, including the re-education completed in preparation and implementation of the plan of correction. We are requesting a desk review. Please feel free to contact Stacy Burton, HFA, should you need any addtional information to support the desk review at 812-936-9991. Thank You for your consideration.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	smoke detectors in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 65 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached laundry building, as well as two small detached wood sheds used for facility storage and bio hazard storage. Quality Review by Dennis Austill, Life Safety Code Specialist on 10/10/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD 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 Based on record review and interview, the facility failed to ensure each	K010050	1.) Medco Personell will ask for Vangurard Employee ID	11/07/2014

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	documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department for 36 of 36 fire drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's fire drills on 10/08/14 at 10:00 a.m. with the Maintenance Supervisor present, the fire drill form the facility uses has a question which asks "Was alarm received by fire department, police, or the monitoring company?" The answer was "Yes" for all 36 fire drills performed during the past 12 months, however, there was no further information on the fire drill form, such as, the name of the person spoken to at the monitoring company and the time the transmission of the fire alarm was received. Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation for the transmission of the fire alarm to the monitoring company was not complete information. 3-1.19(b)		(Name/ID Number), time the signal came through and fax copy of the transmission of signal when contacting Vanguard2.) N/A 3.) 1:1 In-Service completed with Maintenance Dirctor on what system needs to be put in place in order to prevent re-occurance. Vanguard has been made aware of new process 4.) Results of the Reviews will be forwarded to the Quality Assurance Improvement Committee monthly	

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	155126		10/08/2014

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K010069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure the complete range hood fire extinguishing system was UL 300 approved for 1 of 1 kitchen hood systems. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 7-2.2 requires automatic fire-extinguishing systems shall comply with standard UL 300, Fire Testing of Fire Extinguishing Systems for Protection of Restaurant Cooking Areas, or other equivalent standards and shall be installed in accordance with their listing. NFPA 96, 7-2.2.1 Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable. a. NFPA 12, Standard on Carbon Dioxide Extinguishing Systems b. NFPA 13, Standard for the Installation of Sprinkler Systems c. NFPA 17, Standard for Dry Chemical Extinguishing Systems d. NFPA 17A, Standard for Wet Chemical Extinguishing Systems This deficient practice could affect kitchen staff, visitors and all residents in	K010069	1.) Identified that the current ansul system can not be hydro tested and system will need to be replaced2.) N/A3.) 1:1 In-Service completed with Maintenance Dirctor on what system needs to be put in place in order to prevent re-occurance. Vanguard has ordered parts and will install new system. Ansul system will be added to the Maintenance Life Safety Sheet that records when it is tested / inspected and when the next due date is4.) Results of the Reviews will be forwarded to the Quality Assurance Improvement Committee monthly	11/07/2014

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	the adjacent dining rooms. Findings include: Based on record review on 10/08/14 at 10:55 a.m. with the Maintenance Supervisor present, the Tri State range hood inspection report dated 08/13/14 stated in the comments section "Note: Tank is due for hydrostatic test. Tank is red style tank and can not be hydrotested per manufactures guidelines. Send quote for new 3 gallon ansul silver tank." This was acknowledged by the Maintenance Supervisor at the time of record review, furthermore, the Maintenance Supervisor said the facility has not yet received a quote/bid from Tri State and the range hood tank has not yet been replaced. 3.1-19(b)			