

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2012
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NAME OF PROVIDER OR SUPPLIER PARKER HEALTH CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 359 RANDOLPH ST PARKER CITY, IN 47368
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/23/12</p> <p>Facility Number: 000419 Provider Number: 155489 AIM Number: 100273190</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Parker Health Care & 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.</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</p>	K0000	<p>This Plan of Correction is prepared and executed because it is required by the provisions of state and federal law, and not because Parker Health Care agrees with the allegations contained there in. Parker Health Care maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facilities credible allegation of compliance for the date of September 22, 2012.</p>	

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>hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 78 and had a census of 75 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached garage and one barn for facility storage which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/30/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observations and interview, the facility failed to ensure 1 of 7 doors leading to hazardous areas such as kitchens were provided with self closing devices which would cause the door to automatically close and latch into the door frame. This deficient practice affects 12 residents on Center hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/23/12 at 11:55 a.m. with the Maintenance Supervisor, the west kitchen door was equipped with a self closing device, but it did not latch into the door frame because a latch was not provided. Based on interview on 08/24/12 at 11:58 a.m. with the Maintenance Supervisor, it was acknowledged the west kitchen door was equipped with a self closing device but</p>	K0029	<p>1. The west kitchen door has been repaired with a self closing device that latches into the door frame.2. The (12) residents on center hall as well as visitors and staff have the potential to be affected.3. All doors leading to hazardous areas inspected and repairs made where needed. This will be an ongoing part of the preventative maintenance program. 4. This will be reviewed by the safety committee and reported to the QA committee quarterly for 6 months and annually after that as determined by the QA committee.5. Compliance Date: September 22, 2012</p>	09/22/2012			

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	<p>did not latch into its door frame.</p> <p>3.1-19(b)</p>			

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K0069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on observation and interview, the facility failed to install and maintain cooking facilities in accordance with the requirements of NFPA 96, 3-1 which requires listed grease filters, baffles, or other approved grease removal devices for use with commercial cooking equipment shall be provided. Listed grease filters shall be tested in accordance with UL 1046, Grease Filters for Exhaust Ducts. Mesh filters shall not be used. This deficient practice could affect 5 residents observed in the adjacent Main dining room as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/23/12 at 1:05 p.m. with the Maintenance Supervisor, the kitchen range hood system had mesh type filters instead of baffle type filters. Based on interview on 08/23/12 at 1:06 p.m. with the Maintenance Supervisor it was confirmed the range hood system had mesh type filters and he was unaware baffle type filters were required.</p> <p>3.1-19(b)</p>	K0069	<p>1. The mesh type filters in our kitchen range hood system have been replaced with baffle type filters. 2. The (5) residents observed in the adjacent Main dining room as well as staff and visitors have the potential to be affected. 3. The kitchen range hood system will continue to be inspected every 6 months by Preventative Maintenance Services. This will also be included as part of the facility's ongoing preventative maintenance program. 4. This will be reviewed by the safety committee and reported to the QA committee quarterly for 6 months and annually after that as determined by the QA committee. 5. Compliance Date: September 22, 2012</p>	09/22/2012	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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