

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155319	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/31/2014
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NAME OF PROVIDER OR SUPPLIER CLINTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 375 S 11TH ST CLINTON, IN 47842
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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: 10/31/14</p> <p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Clinton Gardens 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The was 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 detection in the corridors and spaces open to the corridors. Resident rooms are equipped</p>	K010000	The facility would like to respectfully request paper compliance for this life safety survey	
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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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K010018 SS=E	<p>with battery powered smoke detectors. The facility has the capacity for 100 and had a census of 92 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage which was not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/13/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>			
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K010025 SS=E	<p>Based on observation and interview, the facility failed to ensure a door opening into 1 of 5 smoke compartments could resist the passage of smoke. This deficient practice affects staff, visitors and 10 or more residents in the dining room smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 10/31/14 at 2:30 p.m., the dining room was open to the corridor. A door separating the kitchen dish room and the dining room gapped one half inch between the door and door frame. The maintenance director acknowledged at the time of observations, the door could not resist the passage of smoke into the adjacent exit corridor.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum</p>	K010018	<p>1.The door has been removed and drywall has been installed to resist the passage of smoke into the adjacent exit corridor.</p> <p>2. All residents have the potential to be affected. All other doors protecting corridor openings have been inspected. All have been found to be in compliance.</p> <p>3. Maintenance Director will monitor with Monthly review by ED to ensure there are no gaps in other kitchen doors.</p> <p>4. This space and the other kitchen doors will be inspected daily x30 days, weekly x 4 weeks and then quarterly moving forward.</p>	11/26/2014			

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	<p>of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure openings through a ceiling and wall smoke barrier in 2 of 5 smoke compartments were sealed with a material to provide the 1/2 hour smoke resistance of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect visitors, staff and 10 or more residents on in the dining room and Cottage smoke compartments.</p> <p>Findings include:</p> <p>a. Based on observation with the maintenance director on 10/31/14 at 1:55 p.m., a one inch hole in the corridor ceiling near the copy room was unsealed where a device had been removed leaving a wire hanging through the hole. The maintenance director said at the time of</p>	K010025	<p>1. Firerated caulking has been used to seal the 3 noted openings.</p> <p>2.All residents have the potential to beaffected. Building inspection wascompleted to ensure all barriers are sealed appropriately.</p> <p>3.Maintenance Director will monitor to ensure noopen areas in the ceilings and smoke barrier walls with any new construction or building project.</p> <p>4.Any new construction or installation of wireswill be inspected by Maintenance Director to ensure all holes sealedappropriately.</p>	11/25/2014

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K010056 SS=E	<p>observation, a device had malfunctioned, was removed and a replacement had to be ordered. He acknowledged the removal left an unsealed opening into the attic space above.</p> <p>b. Based on observation with the maintenance director on 10/31/14 at 2:00 p.m., conduit supplying power for an emergency light fixture in the maintenance shop penetrated the ceiling leaving an unsealed 1/4 inch gap into the attic above. The maintenance director acknowledged at the time of observation, the opening should have been sealed.</p> <p>c. Based on observation with the maintenance director on 10/31/14 at 2:15 p.m., a conduit penetration in the Cottage wing mechanical room was unsealed leaving a half inch gap into the attic above. The maintenance director acknowledged at the time of observation, the opening should have been sealed.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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</p>			

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	<p>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>Based on observation and interview, the facility failed to provide sprinkler coverage for 1 of 2 canopies covering emergency exit discharges. NFPA 13, 1999 Edition at 5-13.8.1 requires sprinklers be installed under combustible exterior roofs or canopies exceeding four feet in width. This deficient practice affects visitors, staff, and 10 or more residents on A wing.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 10/31/14 at 2:50 p.m., a ten by eight foot canopy constructed of a blue material supported by an aluminum frame was attached to the building outside the A wing exit discharge door. The maintenance director said at the time of observation, he had no idea if the material was combustible and no documentation to establish the combustibility of the canopy. The area was not protected by sprinklers.</p>	K010056	<p>1. Upon correspondence with the manufacturer documentation was found of the fireproofing of the awning. This documentation is attached. A sprinkler will also be added</p> <p>2. All residents have the potential to be affected. Building inspection completed to ensure no other awnings were unprotected. The other awning at facility has a sprinkler</p> <p>3. Maintenance Director will maintain documentation in-house for the fire rating.</p> <p>4. Maintenance Director will continue to maintain documentation of fire rating for any awning. ED will check quarterly to ensure paperwork maintained appropriately.</p>	11/30/2014

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K010062 SS=E	<p>3.1-19(b)</p> <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>1. Based on observation and interview, the facility failed to ensure sprinkler heads in 1 of 5 smoke compartments were free of corrosion. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion. This deficient practice affects staff, visitors and 20 or more residents in the dining room which shares the same smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 10/31/14 at 2:20 p.m., two sprinkler heads in the housekeeping supply storage room were turning green, usually evidence of corrosion. The maintenance director agreed at the time of observations, the sprinkler heads were not the usual color</p>	K010062	<p>1. All sprinklerheads noted and their fittings will be replaced.</p> <p>2. All residents havethe potential to be affected. All othersprinkler heads were observed for signsof dirt/corrosion.</p> <p>3. MaintenanceDirector will monitor with monthly inspection by ED. Sprinkler heads will be checked after any construction,painting, etc. to ensure integrity is maintained.</p> <p>4. Sprinkler heads will be inspected weekly x4weeks, monthly x3 months , and quarterly thereafter for signs of corrosion ordirt</p>	11/30/2014	

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K010143 SS=E	<p>for sprinkler heads.</p> <p>3.1-19(b)</p> <p>2. Based on observation, the facility failed to ensure sprinkler heads providing protection for 1 of 5 smoke compartments was maintained. This deficient practice could affect all staff, visitors and 10 or more residents on the A hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 10/31/14 at 1:50 p.m., the sprinkler head escutcheon was missing from the corridor sprinkler head outside room 25 on A hall. The maintenance director said at the time of observation he had not been aware it was missing.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>						

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	<p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen transfer sites was posted with a sign indicating that oxygen transferring was taking place, provided with continuous mechanical ventilation to the outside and separated from any portion of the facility wherein residents are housed by a fire barrier of 1 hour fire resistive construction. This deficient practice affects staff, visitors and 10 or more residents on A hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 10/31/14 at 2:45 p.m., six liquid oxygen supply containers and six oxygen e-cylinders were stored in an oxygen supply and transfer room</p>	K010143	<p>1. Upon correspondence with the manufacturer documentation was found that the door does have a 45 minute fire rating. A sign has been posted on the door to the oxygen room.</p> <p>2. All residents have the potential to be affected. The oxygen storage/transfer room was inspected to ensure safe storage and transfer.</p> <p>3. Maintenance Director will monitor with Monthly review by ED. Rounds will be conducted by Central Supply Clerk to ensure signage remains posted when transfer in progress.</p> <p>4. Appropriate signage and door maintenance will be inspected daily x30 days, weekly x 4 weeks and then quarterly moving forward</p>	11/25/2014

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K020000	<p>identified by the maintenance director. The door separating the oxygen transfer room from an adjacent supply storage room had a 30 minute fire rating on the door. The maintenance director acknowledged at the time of observation, the door did not meet the minimum 45 minute fire rating required to protect an oxygen transfer room.</p> <p>3.1-19(b)</p>	K020000	The facility would like to respectfully request paper compliance for this life safety survey	
	<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: 10/31/14</p>			

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	<p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Clinton Gardens 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), and 410 IAC 16.2. The 2005 addition of 14 rooms on E wing was surveyed with Chapter 18, New Health Care Facilities.</p> <p>The 2005 addition was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors and spaces open to the corridors. The facility has the capacity for 100 and had a census of 92 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage which was not sprinklered.</p> <p>Quality Review by Dennis Austill, Life</p>				

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K020017 SS=E	<p>Safety Code Specialist on 11/13/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5 Based on observation and interview, the facility failed to ensure a resident use area was separated from the corridors by a partition capable of resisting the passage of smoke in 1 of 2 smoke compartments as required in a sprinklered building, or met an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by automatic sprinklers, and (c) The space is arranged</p>	K020017	<p>1. A hardwired smoke detector will be installed in the Internet Café on 11/26/14 by Vanguard.</p> <p>2. All residents have the potential to be affected. Other areas that open to the corridor were checked for electrically supervised automatic detection systems.</p> <p>3. Any new construction will be assessed for need for hardwire smoke detector for maintenance director.</p> <p>4. Maintenance Director will continue to monitor with ED the need for hardwired smoke detectors to new construction.</p>	11/26/2014

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K020025 SS=E	<p>not to obstruct access to required exits. This deficient practice could affect residents, staff and 10 or more residents in the E hall smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance Director on 10/31/14 at 1:40 p.m., the resident internet cafe had no door separating the space from the exit corridor. The room was not protected by an electrically supervised automatic detection system. The maintenance director said at the time of observation, he was unaware the opening to the corridor required additional protection.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3 Based on observation and interview, the</p>	K020025	1. Firerated caulking has been used to seal the 3 noted	11/25/2014			

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	<p>facility failed to ensure openings through a ceiling and wall smoke barrier in 2 of 20 E wing rooms were sealed with a material to provide the 1/2 hour smoke resistance of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect visitors, staff and 10 or more residents on the E wing.</p> <p>Findings include:</p> <p>a. Based on observation with the maintenance director on 10/31/14 at 1:10 p.m., three conduit penetrated the E wing soiled utility room ceiling leaving unsealed gaps of 1/4 inch around each. The maintenance director agreed at the time of observation, the penetration had not been properly sealed.</p> <p>b. Based on observation with the maintenance director on 10/31/14 at 1:30 p.m., a two by four inch cut out in the E wing medicine room wall was unsealed. The maintenance director acknowledged</p>		<p>openings.</p> <p>2.All residents have the potential to beaffected. Building inspection wascompleted to ensure all barriers are sealed appropriately.</p> <p>3.Maintenance Director will monitor to ensure noopen areas in the ceilings and smoke barrier walls with any new construction or building project.</p> <p>4.Any new construction or installation of wireswill be inspected by Maintenance Director to ensure all holes sealedappropriately.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155319	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2014
NAME OF PROVIDER OR SUPPLIER CLINTON GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 375 S 11TH ST CLINTON, IN 47842		
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	at the time of observation, the opening should have been sealed. 3.1-19(b)				