

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155363	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2014
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL CARE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 404 W WILLOW RD DALE, IN 47523
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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: 10/23/14</p> <p>Facility Number: 000254 Provider Number: 155363 AIM Number: 100266270</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Professional 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 (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</p>	K010000	K000 This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law.	

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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K010052 SS=F	<p>smoke detectors in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 39 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except one detached wood framed garage and one detached wood framed shed, both used for facility storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/28/14.</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 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review and interview, the facility failed to ensure 20 of 20 hard wired smoke detectors had been tested for sensitivity. LSC Section 9.6.1.3 says the provisions of 9.6 cover the basic</p>	K010052	K052 It is the policy of this facility to comply with NFPA101 Life Safety Code Standards and Requirements. Residents, staff and visitors have potential to be affected by the	10/30/2014			

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	<p>functions of the fire alarm system, including fire detection systems. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range. (5) Other calibrated sensitivity test method acceptable to the authority having 		<p>alleged deficiency. Smoke detector sensitivity testing was conducted on 10/28/2014 and all detectors passed sensitivity testing. In order to enhance compliant practices, a Q.A. tool has been initiated under the direction of the HFA for review of required sprinkler servicing and testing. The audit tool will be reviewed Quarterly x4 by the QAPI committee for any recommendations and to ensure the alleged deficient practice does not occur. Systemic changes completed on 10/30/2014</p>				

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	<p>jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction. Paper or electronic media shall be acceptable. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the smoke detector sensitivity records in the Fire Alarm Inspections book on 10/23/14 at 11:00 a.m. with Maintenance Supervisor present, the most recent smoke detector sensitivity test documentation available was dated 04/08/12 for all 20 smoke detectors. This was acknowledged by the Maintenance Supervisor at the time of record review and again at the exit conference with the Administrator.</p>			

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K010144 SS=F	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review, observation and interview; the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110, 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> a) Liquid Petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas <p>Exception: For Level 1 installations in locations where the probability of interruption of off site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with</p>	K010144	<p>K144</p> <p>It is the policy of this facility to comply with NFPA101 Life Safety Code Standards and requirements. Facility residents, staff and visitors have potential to be affected by the alleged deficiency. Documentation of the reliability of our Natural gas supply from Vectren is on file. Copies of this documentation are additionally located in the Business Office Assistant's office, the Maintenance Supervisor's office, and the Administrator's office. In order to enhance compliant practices, this documentation will be maintained in the facility for reference. Systemic changes completed on 10/30/2014</p>	10/30/2014

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	<p>provision for automatic transfer from the primary energy source to the alternate energy source. CMS requires evidence of reliability of the natural fuel source must contain all of the following:</p> <ul style="list-style-type: none"> a. A statement of reasonable reliability of the natural gas delivery; b. A brief description the supports the statement regarding the reliability; c. A statement there is a low probability of interruption of the natural gas; d. A brief description that supports the statement regarding the low probability of interruption; e. The signature of technical personnel from the natural gas vendor. <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the Generator log on 10/23/14 at 10:30 a.m. with the Maintenance Supervisor present, it was determined the emergency generator was a natural gas generator only with no on site fuel available. During an interview at the time of record review, the Maintenance Supervisor said the facility did not have a letter from their natural gas provider as evidence of reliability of their natural gas supply. Based on</p>						

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	<p>observation at 11:30 a.m. during a tour of the facility with the Maintenance Supervisor, there was an old LP tank sitting next to the generator, however, the Maintenance Supervisor said it was no longer being used and the generator was powered with natural gas only.</p> <p>3.1-19(b)</p>				