

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155524	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/08/2012
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NAME OF PROVIDER OR SUPPLIER GLENBURN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 618 W GLENBURN ROAD LINTON, IN 47441
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(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
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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: 02/08/12</p> <p>Facility Number: 000230 Provider Number: 155524 AIM Number: 100275000</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Glenburn Home 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> <p>This one story facility was determined to be of Type V (000) construction and was fully</p>	K0000	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of the requirements under state and federal law.</p>	
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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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and resident rooms in the 400 north hall, 500 north hall, 600 hall, and 700 hall, and 700 rehabilitation suite rooms, and battery operated smoke detectors in the 300 south hall, 400 south hall, 500 south hall and all Special Care Unit resident rooms, including the 100 and 200 halls. The facility has a capacity of 137 and had a census of 127 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/10/12.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0052 SS=C	<p>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</p> <p>Based on record review and interview, the facility failed to ensure the documentation for the sensitivity testing of 117 of 119 smoke detectors was complete. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors be tested annually. 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 facility's annual fire alarm system inspection/sensitivity testing report in the Inspections folder on 02/08/12 at 10:30 a.m. with the Maintenance Supervisor present, the annual fire alarm system inspection and sensitivity testing report dated 08/30/11 did not include the sensitivity range for 117 of 119 smoke detectors, however, all smoke detectors did</p>	K0052	<p>What Corrective actions will be accomplished for those residents found to have been affected by the deficient practice?New sensitivity test were completed on 2.22.12. The Sensitivity range is included in the new report. It is coded on the new report as 1, 2, or 3 star with the key at the bottom of the report. As on 8.30.12, all alarms passed the sensitivity test. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?All residents have the potential to be affected by the deficient practice. New sensitivity test were completed on 2.22.12. The Sensitivity range is included in the new report. It is coded on the new report as 1, 2, or 3 star with the key at the bottom of the report. As on 8.30.12 all alarms passed the sensitivity test. What measures will be put into place or what systemic changes will be made to ensure that the deficent practice does not recur:A notation in the folder containing these reports will be made to remind maintenance staff that the sensitivity range has to be</p>	02/23/2012			

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	<p>pass the visual, functional, and sensitivity tests. During an interview at the time of record review, the Maintenance Supervisor acknowledged there was no sensitivity range listed for 117 of the 119 smoke detectors on the 08/30/12 report.</p> <p>3-1.19(b)</p>		<p>included in the final report. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into placeThis is not a matter that we would monitor through a QA process. This is a documentation issue with a contracted company. Glenburn Home has made notation that the sensitivity results must be included in the every other year test. by what date the systemic changes will be completed?2.23.12</p>		