

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155368	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/26/2012
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NAME OF PROVIDER OR SUPPLIER TODD DICKEY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 712 W 2ND ST LEAVENWORTH, IN 47137
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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: 07/26/12</p> <p>Facility Number: 000490 Provider Number: 155368 AIM Number: 100291320</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Todd Dickey Nursing and Rehabilitation Center 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.</p> <p>This one story facility was determined to be of Type V (000)</p>	K0000		

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>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms were not provided with smoke detection. The facility has a capacity of 78 and had a census of 62 at the time of this survey.</p> <p>The facility was not in compliance with state law in regard to smoke detector coverage, furthermore, the facility was found in compliance with state law in regard to sprinkler coverage.</p> <p>All areas where the residents have customary access were sprinklered.</p> <p>There was a twenty four foot by twenty four foot wood framed garage approximately two hundred feet away from the building used for the storage of maintenance supplies which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/27/12.</p>				

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	The facility was found in substantial compliance with the aforementioned federal regulatory requirements and not in compliance with state regulatory requirements as evidenced by the following:			

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K0069 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned at least semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p>	K0069	<p>It is the policy of Todd Dickey Nursing and Rehabilitation Center to ensure all cooking facilities are protected in accordance with federal, state and local guidelines.</p> <p>1.A second range hood cleaning and inspection has been scheduled for August 16, 2012 at 9am by Richards Hood and Duct Cleaning Service. They currently handle this process for the facility.</p> <p>2.An audit of all cleaning and inspection systems was performed by the Maintenance Supervisor and Administrator to ensure that all requirements are being met.</p> <p>3.The second cleaning has been entered in to the facility's TELS maintenance scheduling system to ensure the bi-annual cleanings will take place from here on. The system automatically informs maintenance that a service call is needed to for regular maintenance issues.</p> <p>4.The Maintenance Supervisor, or designee, will monitor the monthly TELS system for scheduled service calls to ensure all regulations are met.</p> <p>5.This will have a completion date of August 16, 2012.</p>	08/16/2012

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	<p>Based on review of the kitchen range inspection reports in the Maintenance Manual on 07/26/12 at 11:00 a.m. with the Maintenance Supervisor and Administrator present, documentation for the kitchen range hood showed it was only being cleaned once every twelve months. The most recent dates the range hood was cleaned were 02/02/12 and 02/17/11. This was confirmed by the Maintenance Supervisor and Administrator at the time of record review.</p> <p>3.1-19(b)</p>				

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on record review, observation, and interview; the facility failed to install smoke detectors in each resident's room before July 1, 2012. This deficient</p>	K9999	<p>It is the policy of Todd Dickey Nursing and Rehabilitation Center to ensure that there are battery operated or hard-wired smoke detectors in each resident's room in the facility.</p> <p>1. There are 32 resident rooms in the facility. An order was placed on August 1, 2012 for 40 battery operated smoke detectors to be installed in every resident room. The detectors were received on August 6, 2012 and installed over a two day period. The purchase order, invoice and completed work order are included as proof of installation.</p> <p>2. A one time audit was performed by the Maintenance Supervisor and the Administrator to ensure all requirements of the state rule for environmental and physical standards, pertaining to sprinklers and smoke alarms, was met.</p> <p>3. The Maintenance Supervisor has included weekly smoke detector inspections in his facility TELS maintenance system to ensure all resident rooms have functioning battery operated smoke detectors.</p> <p>4. A monthly quality assurance check will be performed to ensure that smoke detectors are in every resident room and in working order, per maintenance policy and state regulation.</p> <p>5. This plan of correction will be completed on August 16, 2012.</p>	08/16/2012	

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	<p>practice could affect all 62 residents in the facility.</p> <p>Findings include:</p> <p>Based on review of quarterly fire alarm system inspection reports in the Maintenance Manual on 07/26/12 at 10:30 a.m., resident rooms were not provided with smoke detectors. Based on observations with the Maintenance Supervisor and Administrator between 11:45 a.m. to 1:30 p.m., the resident rooms were not provided with smoke detectors. Based on interview during the time of observations, the Maintenance Supervisor and Administrator acknowledged all the resident rooms were not provided with smoke detectors.</p> <p>3.1-19(ff)</p>			