

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2011
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NAME OF PROVIDER OR SUPPLIER  CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN46617
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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: 10/21/11 and 10/24/11</p> <p>Facility Number: 000048 Provider Number: 155115 AIM Number: 100275330</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Cardinal 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,</p>	K0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusions set forth in the statement of deficiencies or of any violation of regulation.	
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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>Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This three story facility with a basement was determined to be of Type II (111) construction and a one story addition determined to be of Type V (111) construction and both were fully sprinklered. The original building was constructed in 1970 with the addition added in 1978. The facility has a fire alarm system with smoke detection on all levels including the corridors, resident sleeping rooms and areas open to the corridors. The facility has a capacity of 158 and had a census of 106 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/01/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0048 SS=B	<p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a written fire plan which included the use of kitchen fire extinguishers for the protection of 158 of 158 residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan which shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect all occupants in and near the kitchen in the event of an emergency when the written fire</p>	K0048	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusions set forth in the statement of deficiencies or of any violation of regulation. It is the practice of this facility to ensure that a written fire safety plan exists which includes the proper use of kitchen fire extinguishers and appropriate signage as required by LSC 19.7.2.2. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> There were no residents identified in the alleged deficient practice. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> Residents residing in the facility have the potential to be affected by this alleged deficient practice. The facility Emergency Procedural Manual has been updated and addresses the use of K class fire extinguishers in relation-ship with the use of the kitchen hood suppression system. Staff re-education will occur concerning policies and</p>	11/11/2011

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	<p>plan should be immediately available.</p> <p>Findings include:</p> <p>Based on interview and record review with the maintenance supervisor on 10/21/11 from 2:45 p.m. to 4:10 p.m., the policy and procedure for the written fire plan was found within the Emergency Procedure manual. The maintenance supervisor was not sure when the policy and procedure was last reviewed. This Plan was the corporate policy which required information specific to the facility. The manual did not address the use of the K class fire extinguisher in relationship with the use of the kitchen hood suppression system. The maintenance supervisor stated he was unaware of the requirement for this policy and procedure.</p> <p>3.1-19(b)</p>		<p>procedures related to the facility's written fire plan including the use of K class fire extinguishers in relationship with the use of the kitchen hood suppression system. <b>What measures will you put in place or what systematic changes will you make to ensure the deficient practice does not recur?</b> The facility Emergency Procedural Manual has been updated and addresses the use of K class fire extinguishers in relationship with the use of the kitchen hood suppression system. Staff re-education will occur concerning policies and procedures related to the facility's written fire plan, including the use of K class fire extinguishers in relationship with the use of the kitchen hood suppression system. Newly hired staff will be educated during their orientation period concerning policies and procedures related to the facility's written fire plan including the use of K class fire extinguishers in relationship with the use of the kitchen hood suppression system. The facility safety committee will meet not less than quarterly to ensure that the facility Emergency Procedural Manual is appropriately reviewed and updated, as needed. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</b></p>		

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K0064 SS=B	Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the kitchen was readily identified as a secondary backup to the automatic fire suppression system. NFPA 10, 1998 Edition, 2-3.2.1 requires fire extinguishers to include a	K0064	<b>program will be put into place?</b> The Facility Safety Officer will ensure that the facility Safety Committee meets not less than quarterly and that the Emergency Procedural Manual is appropriately reviewed and updated, as needed including the use of K class fire extinguishers in relationship with the use of the kitchen hood suppression system and appropriate signage as required by LSC 19.7.2.2. The Executive Director will monitor for compliance. The Continuous Quality Improvement Team for corrective action will review any potential issues related to the Emergency Procedural Manual and action plans developed, as and if indicated. The Executive Director will monitor for compliance. <b>What is the date by which systematic changes will be completed?</b> November 11, 2011.	11/11/2011	

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	<p>conspicuously placed placard which states the automatic fire protection system is to be activated before using the fire extinguisher. This deficient practice affects any residents and staff in and near the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 10/24/11 at 1:10 p.m., a placard was not placed near the K class fire extinguisher in the kitchen. The maintenance supervisor stated he was not aware of the requirement.</p> <p>3.1-19(b)</p>		<p>Edition, 2-3.2.1</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> There were no residents identified in the alleged deficient practice.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> Occupants in and near the kitchen in the facility have the potential to be affected by this alleged deficient practice. Signage was prominently posted immediately above the appropriate fire extinguisher(s) in the kitchen stating "In case of fire, use Ansul pull station first, before using this fire extinguisher." This posting occurred on 10/27/2011.</p> <p><b>What measures will you put in place or what systematic changes will you make to ensure the deficient practice does not recur?</b> Signage was prominently posted immediately above the appropriate fire extinguisher(s) in the kitchen stating "In case of fire, use Ansul pull station first, before using this fire extinguisher." This posting occurred on 10/27/2011. Staff were educated that portable fire extinguishers have been readily identified for use as a secondary backup to the automatic fire suppression system in accordance with NFPA 10, 1998 Edition, 2-3.2.1. Newly hired staff will be educated during their orientation period that portable fire extinguishers have been readily identified for use as a secondary backup to the automatic fire suppression system in</p>		

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			<p>accordance with NFPA 10, 1998 Edition, 2-3.2.1.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Dietary Supervisor during kitchen rounds will monitor and document not less than weekly that appropriate signage is prominently posted immediately above kitchen fire extinguishers. The Maintenance Supervisor will be promptly notified to replace signage in the event that appropriate signage is not properly affixed, and visible. The Executive Director will monitor for compliance. The Continuous Quality Improvement team for corrective action will review any potential issues during environmental rounds and action plans developed, as and if indicated. The Executive Director will monitor for compliance.</p> <p><b>What is the date by which systematic changes will be completed?</b> November 11, 2011.</p>		