

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(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
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: 07/27/12</p> <p>Facility Number: 001152 Provider Number: 155658 AIM Number: 200221050</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Wesley Manor Inc. 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 18, New Health Care Occupancies and 410 IAC 16.2. The facility was surveyed under Chapter 18 due to the gutting and renovation of the health care wing located in the</p>	K0000	<p>Submission of this plan of correction shall not constitute or be construed as an admission that Wesley Manor, Inc. provides anything other than a high quality of care to its residents. Wesley Manor considers itself to be a partner with the Indiana State Department of Health and other entities in an ongoing effort to continually improve the safety of long term care facilities. We believe that any feedback provided to us regarding potential needs to improve our services should be taken very seriously, and we are committed to using our resources to make any needed improvements necessary to achieve better outcomes for residents. As required, the facility submits the following plan of correction:</p>	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041		
(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	
	<p>original building identified as F, and the addition of two new wings (G and H) in 2005.</p> <p>This facility was surveyed as two buildings due to different construction types. The F wing, located on the ground and first floors of a four story fully sprinklered building with a basement, was determined to be Type II (222). G and H wings were one story, fully sprinklered and determined to be Type II (000) construction. 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 the capacity for 96 and had a census of 76 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	
	<p>All areas providing facility services such as the laundry, generator room, boiler room and maintenance department were not sprinklered.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/31/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041		
(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	
K0032 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD No less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 18.2.4.1, 18.2.4.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 exits from F1 wing terminated at a public way such as a street, paved alley or parking lot. LSC Section 19-2, Means of Egress Requirements, requires every exit discharge, exit location and access shall be in accordance with LSC Chapter 7. LSC 7-7.1 requires that all exits shall terminate at a public way. This deficient practice affects residents, staff, and visitors on F1 wing with a census of 25 residents.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and maintenance #1 and #2 on 07/27/12 between 12:30 p.m. and 3:30 p.m., one exit identified by an illuminated exit sign directed occupants from the F1 wing to exit via an E wing exit</p>	K0032	<p>The rooftop exit referred to by the Surveyor crosses a small rooftop and connects to a stairway which leads to ground level. This door, according to the facility's evacuation plan, is not considered to be a fire exit. Our current plan for E-Wing first floor is as follows:"If Evacuation toward the F-Wing is determined to be necessary, there is a fire compartment door located at E-118. Evacuate residents east toward this door and then take them through door F-103. At this location, residents are considered to be in the F-Wing fire compartment and the wing is considered to be evacuated."The facility will confirm with the Fire Marshall that the sign leading to the cited door may be removed as to deter occupants from using it as an egress for fire. Corrections for this tag will be completed by 8/26/12.</p>	08/26/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041		
(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	
	<p>discharging to the outside. This exit terminated at an enclosed courtyard with no access to the public way. Maintenance #1 and #2 said at the time of observation, they did not think this was an exit however, they agreed the emergency sign indicated it was to be used.</p> <p>3.1-19(b)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(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
K0038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1</p> <p>Based on observation and interview, the facility failed to maintain the maximum force permitted to open 1 of 3 emergency exit doors from F1 wing. LSC 7.2.1.4.5 requires the forces to open any door in a means of egress shall not exceed 15 lbf to open the door. Additionally, 7.1.10.1 requires a means of egress shall be continuously maintained free of all obstructions or impediments to full and instant use in case of fire or other emergency. This deficient practice affects visitors, staff, and 25 residents on F1.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and maintenance #1 and #2 on 07/27/12 between 12:30 p.m. and 3:30 p.m., one exit identified by an illuminated exit sign directed occupants from the F1 wing to exit via an E wing exit discharging to the outside. The</p>	K0038	The cited door has been repaired so that it is able to open and close easily (requiring less than 15 pounds of force to open). The facility's Maintenance staff will perform quality assurance audit for exterior doors by testing them weekly. This testing will occur at the time of day when the door is scheduled to be locked for the night. Audits will be ongoing. Corrections for this tag will be completed by 8/26/12.	08/26/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(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
	<p>door could not be opened without pushing it with full body weight. Maintenance #2 tested the door twice at the time of observation with the same result. Maintenance #1 and #2 said at the time of observation, the door "stuck".</p> <p>3.1-19(b)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 18.2.8</p> <p>Based on observation and interview, the facility failed to ensure the exit discharge path for 1 of 2 emergency exits from H wing was provided with lighting in the event any light fixture or bulb failed. This deficient practice affects visitors, staff and 22 residents on the H wing.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and maintenance #1 and #2 on 07/27/12 at 1:30 p.m., a single light fixture was provided over the southwest exit discharge door for H wing. A second single bulb fixture was attached to the building at a point ninety degrees from the first fixture along the exit discharge pathway which was approximately 150 feet long. The maintenance director agreed at time of observation, these fixtures could not illuminate the same exit</p>	K0045	<p>The lights cited which are required to light the H-Wing's emergency exit pathway outside of the building have been determined to have a second fixture. The facility will install the appropriate bulbs to these fixtures. The facility will audit all lights outside of the fire exits in the Comp/SNF areas to determine if any other lamp is missing a second bulb. The facility will change the light which illuminates the path along the D-Wing to include a fixture with 2 bulbs. These corrections will effectively provide illumination for the entire evacuation path leading from the H-Wing as there are a total of 3 lamps along this path (One at the exit, one at the adjacent wing's exit, and a parking lot light). All of these lights are on the generator's load during a power outage. All corrections for this tag will be completed by 8/26/12.</p>	08/26/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(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
	<p>discharge areas to provide uninterrupted lighting if one of the fixtures failed and neither could illuminate the entire distance to the point of evacuation where the discharge path terminated.</p> <p>3.1-19(b)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041		
(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	
K0046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>1. Based on observation and interview, the facility failed to ensure the exit discharge path for 1 of 2 emergency exits from the G and H wings were provided with emergency powered egress lighting. LSC 7.9.1.1 requires emergency lighting be provided for means of egress, including walkways leading to a public way. This deficient practice affects visitors, staff and 40 residents on B hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and maintenance #1 and #2 on 07/27/12 between 12:30 p.m. and 3:30 p.m., exit discharges from the G wing near room 135 and H wing near room 133 to the street evacuation point were not provided with the emergency lighting. Maintenance #1 and #2 said at the time of observations, they thought lighting was provided. Nearby parking lot</p>	K0046	The facility audited the lighting referred to in this tag. It has been determined that the cited fixtures are on the generator's load during power outages. This tag is considered to be corrected. The facility's staff were uncertain at the time of the survey whether these light's were included on the generator's load. The facility's other outdoor fixtures which are required to illuminate paths of egress will be audited to determine whether they too are on the generator's load. This will be audited at the time of the facility's next generator load test.	08/26/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(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
	<p>lights were also observed but maintenance #1 and #2 could not say whether they were connected to emergency generator power. Maintenance #2 checked the facility blueprints on 07/27/12 at 3:15 p.m. and reported the parking lot lights were not connected to the generator and egress lighting on the plan had not been installed.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure exit discharge paths for 1 of 3 emergency exits from the F1 wing was provided with emergency powered egress lighting. LSC 7.9.1.1 requires emergency lighting be provided for means of egress, including walkways leading to a public way. This deficient practice affects visitors, staff and 25 residents on F1.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and maintenance #1 and #2 on</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
	<p>07/27/12 between 12:30 p.m. and 3:30 p.m., one exit identified by an illuminated exit sign directed occupants from the F1 wing to exit via an E wing exit discharging to the outside. This exit was not provided with emergency lighting. Maintenance #1 and #2 said at the time of observation, they did not think this was an exit however, they agreed the emergency sign indicated it was to be used.</p> <p>3.1-19(b)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012	
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041			
(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			
K0048 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 18.7.1.1</p> <p>Based on record review and interview, the facility failed to include the types of fire extinguishers available and their use in the written fire plan for the protection of 76 of 76 residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that 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>The plan should include each type of fire extinguisher available and any special requirement for their usage. This deficient practice could affect all occupants.</p>	K0048	<p>This tag was cited due to the disaster plan not including the types of fire extinguishers available in the facility and the specific instruction for their use. The facility has updated the disaster plan to include ABC and K-class fire extinguishers. The facility will provide education to all Dietary staff regarding the paritcular procedures for using a K-class extinguisher. These procedures will include instructions to allow the kitchen's range-hood fire suppression system to fully discharge its extinguishing product prior to operating the K-Class extinguisher. All facility staff will receive in-service instruction on the use of ABC type fire extinguishers. All corrections for this tag will be completed by 8/26/12.</p>	08/26/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	
	<p>Findings include:</p> <p>Based on review of the Fire Procedure with the maintenance director on 07/27/12 at 3:10 p.m., the plan did not identify available fire extinguishers and their use. The maintenance director acknowledged at the time of record review, these elements were not addressed in the fire plan.</p> <p>3.1-19(b)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0144 SS=F	<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 observation and interview, the facility failed to ensure 1 of 2 emergency generators providing power to the health care center was equipped with a remote manual stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. This deficient practice could affect 42 residents on the G and H wings.</p> <p>Findings include:</p> <p>Based on observation of the emergency generator equipment with the maintenance director and</p>	K0144	<p>A remote manual emergency stop switch will be installed on the MCU generator. The facility's Maintenance staff will be educated regarding the location of this new switch. Signage will be placed in the public hallway adjacent to the room where the switch will be installed in order to alert staff to its location. A waiver has been requested for the delay of the plan of correction due date because the contractor who will install the switch is not available prior to the plan of corrections completion deadline of 8/26/12. Corrections for this tag will be completed by October 1, 2012.</p>	10/01/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041		
(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	
	<p>maintenance #2 on 07/27/12 at 3:35 p.m., Generator #3 provided power to G and H health care wings. No remote emergency shut off was found. Maintenance #2 said at the time of observation, there was no remote emergency shut off for the generator.</p> <p>3.1-19(b)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  07/27/2012	
NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041			
(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			
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:</p> <p>1. Based on observation and interview, the facility failed to install smoke detectors in each resident's room before July 1,</p>	K9999	<p>This tag was cited due to:1. Not having all resident rooms monitored by smoke detectors.2. Not having 2 small alcoves in an activity room protected with sprinkler heads.The facility has arranged for a contractor to install hard-wired smoke detectors in all residents' rooms in the Comp/SNF area. This will include 61 rooms with the ability to house 96 residents. A waiver has been requested to postpone the installation of these hard-wired smoke detectors until the contractor is available for installation.The 2 alcoves that were cited, were determined to have appropriately installed sprinkler heads. They were not noted at the time of survey because these alcoves, which are used to store a folding wall/partition, have a "concealed sprinkler head" which is mounted flush with the ceiling in order to accommodate the folding wall. This type of head drops down when activated in order to expose the sprinkler. Corrections for this tag will be completed by 10/1/12.</p>	10/01/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(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
	<p>2012. This deficient practice could affect 76 residents in the facility.</p> <p>Findings include:</p> <p>Based on interview with Maintenance #1 on 07/27/12 at 12:10 p.m., hard wired smoke detectors were located in all resident rooms. However, based on observation with the maintenance director and maintenance #1 and #2, no smoke detectors were found in any resident room.</p> <p>3.1-19(ff)</p> <p>2. Based on observation and interview, the facility failed to provide complete sprinkler coverage for 1 of 2 health care floors in the F building. This deficient practice affects visitors, staff, and 25 residents on F1.</p> <p>Findings include:.</p> <p>Based on observation with the maintenance director and maintenance #1 and #2 on 07/27/12 at 12:30 p.m., sprinkler</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155658	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  07/27/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WESLEY MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN 46041
--	--

(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
	<p>protection was not provided for: two, three by three foot alcoves in the chapel. The maintenance director acknowledged at the time of observation, the areas were not protected by sprinklers.</p> <p>3.1-19(ff)</p>			