

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155342	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/10/2013
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NAME OF PROVIDER OR SUPPLIER  MOUNT VERNON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 COUNTRY CLUB RD MOUNT VERNON, IN 47620
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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: 07/10/13</p> <p>Facility Number: 000234 Provider Number: 155342 AIM Number: 100273490</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist and Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Life Safety Code survey, Mount Vernon Nursing and 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 with a partial basement 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</p>	K010000	The preparation and/or execution of this plan of correction does not constitute agreement or admission by the provider of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state 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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	<p>on both levels including the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 76 and had a census of 59 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached house to the west of the facility used for activities storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/12/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen service metal rolling doors was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect up to 8 residents, staff and visitors while in the Rehab Dining Room, plus 4 residents from resident sleeping rooms 134 to 136 which were in the same smoke compartment as the kitchen/Rehab Dining Room.</p> <p>Findings include:</p> <p>Based on observation on 07/10/13 at 11:00 a.m. during a tour of the facility with the Maintenance Supervisor, the metal rolling service door between the kitchen and Rehab Dining Room was held</p>	K010021	It is the policy of Mt Vernon Nursing and Rehab Center to assure that any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of the manual fire alarm system, local smoke detectors, or the automatic sprinkler system. This deficient practice has the potential to affect all residents, however, it has not. The maintenance supervisor immediately solicited the bid and contracted with Vanguard Fire and Safety Monitoring to electronically link the metal rolling door from the kitchen to the dining room to allow the door to close automatically when the fire alarm system is activated. Monthly, the maintenance	08/09/2013

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	<p>open with a chain and fusible link which would not allow the door to close automatically when the fire alarm system is activated. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the metal roller door between the kitchen and Rehab Dining Room was held open with a chain and fusible link which would not allow the door to close automatically when the fire alarm system was activated.</p> <p>3.1-19(b)</p>		<p>supervisor will monitor the metal rolling door for compliance with the fire safety drills. For 4 months the status of the monitoring documentation will be forwarded to the QA committee for review with recommendations as indicated. The work will be completed by 8/9/2013.</p>		

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K010062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 5 of over 500 sprinkler heads in the facility were free of paint and corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect kitchen staff, up to 8 residents, staff and visitors while in the Rehab Dining Room, plus 4 residents from resident sleeping rooms 134 to 136 which were in the same smoke compartment as the kitchen and employee break room, plus any number of resident, staff and visitors while using the front entrance area.</p> <p>Findings include:</p> <p>Based on observations on 07/10/13 between 11:45 a.m. and 1:15 p.m. during a tour of the facility with the Maintenance Supervisor, the sprinkler head in the dishwashing room was covered with corrosion, furthermore, two sprinkler</p>	K010062	<p>It is the policy of Mt Vernon Nursing and Rehab Center to maintain the automatic sprinkler systems in reliable operating condition and are inspected and tested periodically. The maintenance supervisor immediately contracted with Armor Fire and Safety to replace five sprinkler heads out of 500 sprinklers that are in the facility. One sprinkler head in the dishwashing room was corroded, two sprinkler heads in the employee break room had paint on them and two sprinkler heads under the front entrance overhang were corroded. Sprinkler heads will be inspected with monthly preventive maintenance inspections, and monthly tel monitoring, (the equipment life system). The monitoring reports will be forwarded to QA for 6 months for further review and recommendations as indicated. Semi-annually, Armor will inspect the sprinkler system to include all sprinkler heads fto ensure optimal functioning.</p>	08/09/2013			

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	heads in the employee break room were partially covered with paint, and finally, two sprinkler heads under the front entrance overhang were covered with corrosion. This was acknowledged by the Maintenance Supervisor at the time of each observation.  3.1-19(b)			
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K010066 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation and interview, the facility failed to ensure cigarette butts were properly disposed of at 2 of 2 areas where cigarettes were smoked. This deficient practice could affect mostly staff who smoke outside the east exit door from the main Dining Room, plus up to 40 residents while in the main Dining Room if evacuation was necessary through the east exit door, also staff who smoke outside the Outer Court Yard exit, plus up to 4 residents from resident rooms 115 to 121 that could use the Outer Court Yard exit to evacuate.</p>	K010066	It is the policy of Mt Vernon Nursing and Rehab Center to provide appropriate containers to assure staff dispose of cigarette butts properly. The maintenance supervisor immediately researched and ordered additional commercial ashtrays of noncombustible materials for the smoking areas. The staff have been re-educated on the approved smoking areas and how to properly discard their cigarette butts. This deficient practice has the potential to affect residents and visitors, however, it has not. Daily, the environmental staff	08/09/2013

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	<p>Findings include:</p> <p>Based on observations on 07/10/13 between 11:45 a.m. and 1:15 p.m. during a tour of the facility with the Maintenance Supervisor, the designated smoking area outside the main Dining Room east exit, which was provided with a smoke tower, was littered with more than 50 cigarette butts on the ground and mixed in with evergreen bushes, furthermore, the area outside the Outer Court Yard exit was littered with over 100 cigarette butts on the ground. This area was not a designated smoking area so there were no containers in this area to dispose of cigarette butts properly. Based on interview at the time of each observation, the Maintenance Supervisor acknowledged the cigarette butts on the ground, and said the area outside the Outer Court Yard exit was not an approved area for smoking.</p> <p>3.1-19(b)</p>				<p>will monitor the areas identified for smoking refuse to ensure the area is tidy and safe. Staff were re-educated on proper disposal of their smoking refuse and the approved areas for smoking. Incentives will be available to enhance further compliance, however, further non-compliance will be disciplined accordingly. Environmental reviews will be forwarded to the QA committee monthly for further recommendations.</p>		

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K010069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation, and interview; the facility failed to ensure all components of the range hood fire extinguishing system were in proper operating condition. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 8-2.1 requires all actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire actuated dampers shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. This deficient practice could affect kitchen staff, up to 8 residents, staff and visitors while in the Rehab Dining Room, plus 4 residents from resident sleeping rooms 134 to 136 which were in the same smoke compartment as the kitchen.</p> <p>Findings include:</p> <p>Based on review of the Periodic Range Hood Test and Inspection log on 07/11/13 at 10:30 a.m. with the Maintenance Supervisor present, the 04/05/13 Vanguard inspection report stated in the comment section "(5) 3/8 inch Hole in</p>	K010069	It is the policy of Mt Vernon Nursing and Rehab to ensure that all components of the range hood fire extinguishing system are in proper operating condition. The maintenance supervisor solicited the bid and contracted with Vanguard to repair the identified loose piping for secondary attachment and repositioning nozzle placement to cover cooking surface. Dietary staff will be educated to observe any deviation from the norm when they are cooking or cleaning the equipment. Environmental rounds will be completed weekly by the Dietary Manager and Administrator to ensure all equipment is functioning properly. The maintenance supervisor will complete dietary environmental rounds one time weekly x 4 weeks, and monthly thereafter to ensure that the range hood fire extinguishing system is in proper operating condition. Vanguard completes periodic inspections to clean, repair and review to further ensure fire safety with the range hood fire extinguishing system. Environmental audits and hood inspections will be forwarded to QA monthly for 6 months for review and further recommendations as indicated.	08/09/2013			

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	<p>plenum, (3 &amp;4) piping and nozzle placement doesn't cover cooking surface, piping loose, needs attached at secondary point. (22) - Detection line redone (recommendation), Quote for repairs needed." This was acknowledged by the Maintenance Supervisor at the time of record review. Based on observation at 11:45 a.m. during a tour of the facility with the Maintenance Supervisor, none of the three range hood nozzles were pointing directly to the cooking surface and the piping was loose. During an interview at the time of observation, the Maintenance Supervisor acknowledged the piping was loose and nozzles were not positioned to cover the cooking surface if needed.</p> <p>3.1-19(b)</p>				