

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155458	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/13/2015
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NAME OF PROVIDER OR SUPPLIER  HIGHLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN 46322
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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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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/09/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/13/15</p> <p>Facility Number: 000367 Provider Number: 155458 AIM Number: 100289280</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Highland 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 was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire</p>	K010000	<p>Neither the signing or submission of this plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the " Statement of Deficiencies " This plan of correction is being submitted in good faith because it is the law.</p> <p>Compliance Date 02/02/2015</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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K010062 SS=F	<p>alarm system with hard wired smoke detection in the corridors and spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has the capacity for 38 and had a census of 30 at the time of this survey services are sprinklered</p> <p>All areas with resident access are sprinklered. Three detached storage sheds are unsprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/16/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <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 sprinkler valves and components for 1 of 1 automatic sprinkler systems was maintained accessible and free of obstructions .</p> <p>NFPA 25, 1-4.1 requires the owner shall provide ready accessibility to components of water based fire protection systems that require inspection, testing or</p>	K010062	No residents were affected by this deficiency All residents have the potential to be affected by this deficiency The area around the sprinkler riser was immediately cleared. The facility will ensure the riser sprinkled area is maintained to be accessible at all times and free of obstructions. The Administrator or designee will monitor this area to ensure the	02/02/2015

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	<p>maintenance. NFPA 25, A-1-4.1 states, the components are not required to be open or exposed. Doors, removable panels, or valve pits may be permitted to satisfy the need for accessibility. Such equipment should not be obstructed by features such as walls, ducts, columns, direct burial, or stock storage. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 01/13/15 at 10:20 a.m., the sprinkler riser and valves for the automatic sprinkler system was located in a room designated for dietary storage. Boxes of supplies were stacked three feet high immediately in front of the sprinkler water control system and adjacent to the sides as high as the room would allow. A sign hung over the sprinkler components which read in large letters: "NOTICE, Fire regulations require this space to be clear at all times." The maintenance director agreed at the time of observation, that he had not touched the room since the initial survey and the sign was ignored and the sprinkler valves and pipes were inaccessible without removing the stored cartons from the room. The Administrator was also shown the room and he acknowledged the aforementioned</p>		<p>sprinkler riser area is clear of obstructions. Three time weekly for three months. Results of the monitoring will be reviewed during the facility's Quality Assurance meeting for continued compliance, monitoring will be ongoing. One time weekly for the next three months and once then monthly.</p>				

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	deficiency and they would have to come up with another storage area for the items.  3.1-19(b)				