

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155064	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/29/2011
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NAME OF PROVIDER OR SUPPLIER FAIRMOUNT REHABILITATION CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S LAFOUNTAIN ST KOKOMO, IN46902
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(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
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: 09/29/11</p> <p>Facility Number: 000025 Provider Number: 155064 AIM Number: 100274850</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Fairmont Rehabilitation Center, LLC 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 105 and had a census of 51 at the time of this survey.</p>	K0000	By submitting the enclosed material we are not admitting the truth of accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request the plan of correction be considered our allegation of compliance effective (date) to the findings of the Life Safety Code Recertification and State Licensure Survey conducted on September 29, 2011	

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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K0064 SS=E	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/07/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a</p>	K0064	<p>The corrective action taken for those residents found to have been affected by this deficient practice is: The K class fire extinguisher placard was placed above the fire extinguisher immediately the day of survey. The corrective action taken for other residents having the potential to be affected by the same deficient practice is that: That a house wide audit was conducted to assure that all fire extinguishers are labeled according to NFPA regulations and have been checked by the maintenance supervisor. The measure or systemic changes that have been put into place to ensure that this deficient practice does not reoccur is that: The EVS supervisor has been re-educated to assure appropriate labels for fire extinguishers are in</p>	09/30/2011

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	<p>portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect any residents using the main dining room located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 09/29/11 at 02:08 p.m. with the Maintenance Supervisor, there was a K class extinguisher conspicuously placed on the south wall of the kitchen, but it lacked a placard. Based on interview on 09/29/11 at 02:10 p.m. with the Maintenance Supervisor, it was acknowledged the K class portable fire extinguisher was not provided with a placard.</p> <p>3.1-19(b)</p>		<p>place. The corrective action taken to monitor to assure performance and to assure compliance through quality assurance is: An audit has been implemented and is to be completed quarterly by the EVS supervisor. Any issies identified will be addressed immediately. The outcome of the audit will be reviewed at the quarterly QAA committee meeting to determine if any additional action may be required ..</p>		