

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155247	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/26/2015
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NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 8549 S MADISON AVE INDIANAPOLIS, IN 46227
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K 000  Bldg. 01	<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: 02/26/15</p> <p>Facility Number: 000151 Provider Number: 155247 AIM Number: 100284060</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manorcare Health Services 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). The original building was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery</p>	K 000	The facility is requesting an extension of less than 90 days to completethe deficient practice on K-Tags: 038/ Handrail, K-Tag 062/Sprinkler assembly	
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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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K 025 SS=E Bldg. 01	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 140 and had a census of 103 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached wooden storage sheds which were each not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/02/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure ensure 1 of 1 ceiling smoke barriers was maintained to provide at least a one half hour fire</p>	K 025	<p>K 025 1.What corrective actions will be accomplished for those residents found to have been affected by the deficient practice;</p>	03/28/2015

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	<p>resistance rating. This deficient practice could affect 38 residents, staff and visitors in the vicinity of the sprinkler riser room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:30 p.m. on 02/26/15, the inner portion of the escutcheon plate was missing for the automatic sprinkler located nearest the corridor entry door in the sprinkler riser room which left a one half inch hole in the ceiling and exposed the attic above. Based on interview at the time of observation, the Maintenance Director acknowledged the inner portion of the escutcheon plate for the aforementioned automatic sprinkler was missing which left a one half inch hole in the ceiling and exposed the attic above.</p> <p>3.1-19(b)</p>		<p>No residents were identified to have been affected by the deficient practice.</p> <p>1.How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: Residents (33), staff and visitors in the vicinity of the sprinkler riser room, have the potential to be affected by the deficient practice.</p> <p>1.What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur; fire rated caulking has been placed around sprinkler head area to ensure <b>smoke barrier is maintained</b>. The escutcheon plate will be replaced after ceiling repair (see K 062.)</p> <p>1.How the corrective actions will be monitored to ensure the deficient practice will not recur; the Maintenance Director or their designee will conduct environmental rounds daily M-F for 2 weeks then weekly for 4 weeks, to ensure inner escutcheon plates are not missing from sprinkler heads. Results of environmental rounds will be reviewed at monthly safety meeting.</p> <p>1.Date of completion; March 28, 2015.</p>	

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K 038 SS=E Bldg. 01	<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. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 exit discharge ramps was provided with a handrail on both sides of the ramp. LSC 7.2.5.2(2) states existing ramps shall be permitted to remain in use or be rebuilt, provided they meet the requirements of Table 7.2.5.2(b).</p> <p>Exception No. 1: Existing ramps with slopes not steeper than 1 in 6 shall be permitted to remain in use where approved by the authority having jurisdiction.</p> <p>LSC 7.2.5.4 states handrails complying with 7.2.2.4 shall be provided along both sides of a ramp with a rise greater than six inches. This deficient practice could affect 24 residents, staff and visitors if needing to exit the facility at the southwest exit discharge ramp by Room 119.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:30 p.m. on 02/26/15, the exit discharge ramp outside the building at the southwest exit by Room 119 measured a 23 inch (1.9 feet)</p>	K 038	<p>K 038 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; no residents were found to have been affected by the deficient practice. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: Residents (24), staff and visitors if needing to exit the facility at the southeast exit discharge ramp by room 119, have the potential to be affected by the deficient practice. 3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur; the exit ramp on the southeast side of facility by room 119, will be provided with a <b>handrail on both sides of the ramp.</b> 4. How the corrective actions will be monitored to ensure the deficient practice will not recur; the Maintenance Director or their designee will conduct environmental rounds daily M-F for 2 weeks than weekly for 4 weeks, to ensure handrails are in place, stable for all exit ramps that require handrails.. Results of environmental rounds will be reviewed at monthly safety</p>	05/01/2015

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K 062 SS=E Bldg. 01	<p>rise over the 168 inch (14 feet) length of the ramp and was not provided with a handrail. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned exit discharge ramp had a slope of, approximately, 1 in 7.4, and was not provided with handrails.</p> <p>3.1-19(b)</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 1 of over 100 sprinkler heads was maintained. NFPA 13, Standard for the Installation of Sprinkler Systems, Section 3-2.7.2 states escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. This deficient practice could affect 38 residents, staff and visitors in the vicinity of the sprinkler riser room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:20 a.m. to 1:30 p.m. on</p>	K 062	<p>meeting. 5. Date of completion; Facility is requesting extension of less than 90 days to complete the deficient practice due to the construction and placement in concrete for the handrail. No later than 5/01/15.</p> <p>K 062 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; No residents were identified to have been affected by the deficient practice. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: Residents (33), staff and visitors in the vicinity of the sprinkler riser room, have the potential to be affected by the deficient practice. 3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur; the inner portion of the escutcheon plate will be replaced and</p>	05/01/2015

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K 154 SS=C Bldg. 01	<p>02/26/15, the inner portion of the escutcheon plate was missing for the automatic sprinkler located nearest the corridor entry door in the sprinkler riser room which left a one half inch hole in the ceiling and exposed the attic above. Based on interview at the time of the observation, the Maintenance Director acknowledged the inner portion of the escutcheon plate for the aforementioned automatic sprinkler was missing which left a one half inch hole in the ceiling and exposed the attic above.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24</p>	K 154	<p><b>maintained as a part of a listed sprinkler assembly.</b> 4. How the corrective actions will be monitored to ensure the deficient practice will not recur; the Maintenance Director or their designee will conduct environmental rounds daily M-F for 2 weeks then weekly for 4 weeks, to ensure inner escutcheon plates are not missing from sprinkler heads. Results of environmental rounds will be reviewed at monthly safety meeting. 5. Date of completion; Facility is requesting extension of less than 90 days to complete the deficient practice due to repair of ceiling that prevents the stability of the escutcheon plate from remaining in place. No later than 5/01/15</p> <p>K 154 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; No residents were identified as being affected by the deficient practice. 2. How other residents having the potential to</p>	03/28/2015	

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	<p>hour period in order to protect 103 of 103 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:05 a.m. to 11:20 a.m. and at 1:00 p.m. on 02/26/15, written fire watch policies for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. A review of the 2011 version of "Emergency Response Manual: Fire Watch Procedures" kept in the "Life Safety Code Documentation Manual" noted the statement "be sure to confirm with the State Facility Inspector who is exactly to be notified as well as the means of notification and specify clearly in the space provided in the Fire Watch</p>		<p>be affected by the deficient practice will be identified and what corrective actions will be taken: All residents, staff and visitors have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put into place or what systematic changes will be made to that the deficient practice does not reoccur; an Addendum to the Fire Watch Policy, that requires notification of the; insurance carrier, alarm company, building owner/ manager, and <b>other authorities having jurisdiction (ISDH) also be notified when the automatic sprinkler system has to be placed out of service</b> for four (4) hours or more in 24 hour period, has been added and placed in the "Emergency Response Manual ", "Life Safety Code Documentation Manual "and "Emergency Response Manual" 4. How the corrective actions will be monitored to ensure the deficient practice will not recur; Maintenance Director or their designee will audit the Fire watch policies in the "Emergency Response Manual ", "Life Safety Code Documentation Manual "and "Emergency Response Manual "to ensure updated and remain in place weekly for 4 weeks the monthly for 2 months. Results of audits will be reviewed in monthly Safety Meeting. 5. .Date of completion; March 28, 2015</p>	

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K 155 SS=C Bldg. 01	<p>Procedures Section of the Life Safety Code Documentation Manual" but the policy did not include notification of ISDH. Review of "Life Safety Code Documentation Manual: Interim Life Safety Measures Checklist" also did not include notification of ISDH. In addition, at 1:00 p.m. on 02/26/15, a review of the 2005 version of the "Emergency Response Manual: Fire Watch Procedures" kept at the B Wing nurses station noted entities to be notified in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period but it did not include notification of ISDH. Based on interview at the time of record review, the Maintenance Director acknowledged written fire watch policies in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to</p>						

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	<p>service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 in order to protect 103 of 103 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:05 a.m. to 11:20 a.m. and at 1:00 p.m. on 02/26/15, written fire watch policies for the facility in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. A review of the 2011 version of "Emergency Response Manual: Fire Watch Procedures" kept in the "Life Safety Code Documentation Manual" noted the statement "be sure to confirm with the State Facility Inspector who is exactly to be notified as well as the means of notification and specify clearly in the space provided in the Fire Watch Procedures Section of the Life Safety Code Documentation Manual" but</p>	K 155	<p>K 155 1 .What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; No residents were identified as being affected by the deficient practice. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: All residents, staff and visitors have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put into place or what systematic changes will be made to that the deficient practice does not reoccur; an Addendum to the Fire Watch Policy, that requires notification of the; insurance carrier, alarm company, building owner/ manager, and <b>other authorities having jurisdiction (ISDH) also be notified when the fire alarm system is out of service</b> for four (4) hours or more in 24 hour period, has been added and placed in the "Emergency Response Manual ", "Life Safety Code Documentation Manual "and "Emergency Response Manual" 4. How the corrective actions will be monitored to ensure the deficient practice will not recur; Maintenance Director or their designee will audit the Fire watch policies in the "Emergency Response Manual ", "Life Safety Code Documentation Manual</p>	03/28/2015

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K 000 Bldg. 02	<p>the policy did not include notification of ISDH. Review of "Life Safety Code Documentation Manual: Interim Life Safety Measures Checklist" also did not include notification of ISDH. In addition, at 1:00 p.m. on 02/26/15, a review of the 2005 version of the "Emergency Response Manual: Fire Watch Procedures" kept at the B Wing nurses station noted entities to be notified in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period but it did not include notification of ISDH. Based on interview at the time of record review, the Maintenance Director acknowledged written fire watch policies in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p> <p>3.1-19(b)</p> <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: 02/26/15</p> <p>Facility Number: 000151</p>	K 000	<p>"and "Emergency Response Manual "to ensure updated and remain in place weekly for 4 weeks the monthly for 2 months. Results of audits will be reviewed in monthly Safety Meeting. 5. .Date of completion; March 28, 2015</p> <p>The facility is requesting an extension of less than 90 days to completethe deficient practice on K-Tags: 038/ Handrail, K-Tag 062/Sprinkler assembly</p>	

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	<p>Provider Number: 155247 AIM Number: 100284060</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manorcare Health Services 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). The 2007 addition was surveyed with Chapter 18 New Health Care Occupancies.</p> <p>The 2007 addition to this one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 140 and had a census of 103 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached wooden storage sheds which were each not sprinklered.</p> <p>Quality Review by Dennis Austill, Life</p>			

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K 154 SS=C Bldg. 02	<p>Safety Code Specialist on 03/02/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 103 of 103 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p>	K 154	<p>K 154 1 .What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; No residents were identified as being affected by the deficient practice. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: All residents, staff and visitors have the potential to be affected by the deficient practice. 3. What measures will be put into place or what systematic changes will be made to that the deficient practice does not reoccur; an Addendum to the Fire Watch Policy, that requires notification of the; insurance carrier, alarm company, building</p>	03/28/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155247	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/26/2015
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NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 8549 S MADISON AVE INDIANAPOLIS, IN 46227
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	<p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:05 a.m. to 11:20 a.m. and at 1:00 p.m. on 02/26/15, written fire watch policies for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. A review of the 2011 version of "Emergency Response Manual: Fire Watch Procedures" kept in the "Life Safety Code Documentation Manual" noted the statement "be sure to confirm with the State Facility Inspector who is exactly to be notified as well as the means of notification and specify clearly in the space provided in the Fire Watch Procedures Section of the Life Safety Code Documentation Manual" but the policy did not include notification of ISDH. Review of "Life Safety Code Documentation Manual: Interim Life Safety Measures Checklist" also did not include notification of ISDH. In addition, at 1:00 p.m. on 02/26/15, a review of the 2005 version of the "Emergency Response Manual: Fire Watch Procedures" kept at the B Wing nurses station noted entities to be notified</p>		<p>owner/ manager, and <b>other authorities having jurisdiction (ISDH)</b> also be notified <b>when the automatic sprinkler system has to be placed out of service</b> for four (4) hours or more in 24 hour period, has been added and placed in the "Emergency Response Manual ", "Life Safety Code Documentation Manual "and "Emergency Response Manual" 4. How the corrective actions will be monitored to ensure the deficient practice will not recur; Maintenance Director or their designee will audit the Fire watch policies in the "Emergency Response Manual ", "Life Safety Code Documentation Manual "and "Emergency Response Manual "to ensure updated and remain in place weekly for 4 weeks the monthly for 2 months. Results of audits will be reviewed in monthly Safety Meeting. 5. .Date of completion; March 28, 2015</p>	

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K 155 SS=C Bldg. 02	<p>in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period but it did not include notification of ISDH. Based on interview at the time of record review, the Maintenance Director acknowledged written fire watch policies in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 in order to protect 103 of 103 residents. This deficient practice could affect all</p>	K 155	<p>K 155 1 .What corrective actions will be accomplished for those residents found to have been affected by the deficient practice; No residents were identified as being affected by the deficient practice. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: All residents, staff and</p>	03/28/2015

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	<p>residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:05 a.m. to 11:20 a.m. and at 1:00 p.m. on 02/26/15, written fire watch policies for the facility in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. A review of the 2011 version of "Emergency Response Manual: Fire Watch Procedures" kept in the "Life Safety Code Documentation Manual" noted the statement "be sure to confirm with the State Facility Inspector who is exactly to be notified as well as the means of notification and specify clearly in the space provided in the Fire Watch Procedures Section of the Life Safety Code Documentation Manual" but the policy did not include notification of ISDH. Review of "Life Safety Code Documentation Manual: Interim Life Safety Measures Checklist" also did not include notification of ISDH. In addition, at 1:00 p.m. on 02/26/15, a review of the 2005 version of the "Emergency Response Manual: Fire Watch Procedures" kept at the B Wing nurses station noted entities to be notified</p>		<p>visitors have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put into place or what systematic changes will be made to that the deficient practice does not reoccur; an Addendum to the Fire Watch Policy, that requires notification of the; insurance carrier, alarm company, building owner/ manager, and <b>other authorities having jurisdiction (ISDH)</b> also be notified <b>when the fire alarm system is out of service</b> for four (4) hours or more in 24 hour period, has been added and placed in the "Emergency Response Manual ", "Life Safety Code Documentation Manual "and "Emergency Response Manual" 4. How the corrective actions will be monitored to ensure the deficient practice will not recur; Maintenance Director or their designee will audit the Fire watch policies in the "Emergency Response Manual ", "Life Safety Code Documentation Manual "and "Emergency Response Manual "to ensure updated and remain in place weekly for 4 weeks the monthly for 2 months. Results of audits will be reviewed in monthly Safety Meeting. 5. .Date of completion; March 28, 2015</p>	

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	<p>in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period but it did not include notification of ISDH. Based on interview at the time of record review, the Maintenance Director acknowledged written fire watch policies in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p> <p>3.1-19(b)</p>				