

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155236	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2016
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NAME OF PROVIDER OR SUPPLIER AVON HEALTH & REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 4171 FOREST POINTE CIR AVON, IN 46123
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K 0000 Bldg. 02	<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: 01/20/16</p> <p>Facility Number: 000141 Provider Number: 155236 AIM Number: 100283860</p> <p>At this Life Safety Code survey, Avon Health & 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>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 smoke detectors hard wired to the fire alarm system in all resident sleeping rooms.</p>	K 0000		

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 0027 SS=E Bldg. 02	<p>The facility has a capacity of 137 and had a census of 106 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached wood shed providing storage which was not sprinklered.</p> <p>Quality Review completed on 01/25/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8</p> <p>Based on observation and interview, the facility failed to ensure 5 of 8 sets of smoke barrier doors would close to form a smoke resistant barrier. This deficient practice could affect 76 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the</p>	K 0027	<p>With this submission of our plan of correction, we are requesting paper compliance in lieu of a revisit for this life safety code survey. Corrective action: the identified doors were equipped with an astragal to ensure smoke barrier doors would close to form a smoke resistant barrier Other residents affected: no other doors were identified during the life safety tour. Maintenance checked all</p>	02/16/2016

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K 0029 SS=E Bldg. 02	<p>Maintenance Director during a tour of the facility from 11:25 a.m. to 1:40 p.m. on 01/20/16, the following sets of smoke barrier corridor doors which each swing in the opposite direction were not equipped with an astragal, rabbet or bevel at the meeting edge:</p> <p>a. by Speech Therapy. b. by the Director of Nursing (DON) Office. c. by Room 103. d. by Room 203. e. by Room 303.</p> <p>Based on interview at the time of the observations, the Maintenance Director acknowledged the aforementioned smoke barrier door sets each swing in the opposite direction and are not equipped with an astragal, rabbet or bevel at the meeting edge.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 Based on observation and interview, the facility failed to ensure 5 of 18 doors</p>	K 0029	<p>fire doors in the facility to ensure no other doors were affected by K027, no additional doors were identified. Systematic Changes: a review of all smoke barrier doors will be part of our monthly preventative maintenance program to ensure that the astragal is in place on the smoke barrier doors. Any discrepancy will be brought to monthly Safety/QA meeting, ongoing. Monitoring: a review of all smoke barrier doors will be part of our monthly preventative maintenance program to ensure that the astragal is in place on the smoke barrier doors. Any discrepancy will be brought to monthly Safety/QA meeting, ongoing. Date of completion: 2/16/16</p> <p>Corrective action: the identified fire doors have been replaced and/or tagged with appropriate</p>	02/16/2016			

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	<p>serving hazardous areas such as fuel fired heater rooms, soiled linen and trash collection rooms and storage rooms greater than one hundred square feet in size and used to store combustible materials each have a 3/4-hour fire protection rating. Doors to hazardous areas are self closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 75 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 11:25 a.m. to 1:40 p.m. on 01/20/16, the following hazardous area doors had a 20 minute fire resistance rating label affixed to the corridor door, had no fire resistance label affixed to the corridor door or were not provided with a self closing device:</p> <p>a. the corridor door to the Soiled Utility Room by the the riser room by Room 503 had a 20 minute fire resistance rating label affixed to the door.</p> <p>b. the corridor door to the Janitor Room by the riser room by Room 503 which contained one soiled linen laundry cart which exceeded 50 gallons in size storing soiled linen and one 32 gallon trash cart storing trash had a 20 minute fire</p>		<p>3/4 hour fire protection rating. A self-closing device has been installed on the identified doors. Other residents affected: no other doors were identified during the life safety tour. Maintenance checked all fire doors in the facility to ensure no other doors were affected by K029, no additional doors were identified. Systematic changes: a review of all fire doors will be part of our monthly preventative maintenance program to ensure that fire doors meet the 3/4 hour fire protection rating and are labeled accordingly. Fire doors with self-closing devices will also be reviewed during the monthly door checks to ensure in proper working condition. Any discrepancy will be brought to monthly Safety/QA meeting, ongoing. Monitoring: a review of all fire doors will be part of our monthly preventative maintenance program to ensure that fire doors meet the 3/4 hour fire protection rating and are labeled accordingly. Fire doors with self-closing devices will also be reviewed during the monthly door checks to ensure in proper working condition. Any discrepancy will be brought to monthly Safety/QA meeting, ongoing. Date of completion: 2/16/16</p>		

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	<p>resistance rating label affixed to the door.</p> <p>c. the corridor door to the room used as a soiled utility room by Room 102 which contained two 32 gallon soiled linen carts storing soiled linen had no fire resistance rating label affixed to the door.</p> <p>d. the corridor door to the Central Supply Room which measured 150 square feet in size which was used to store in excess of 15 combustible boxes and two racks for shelf storage of combustible adult diapers had a 20 minute fire resistance rating label affixed to the door.</p> <p>e. the corridor door to the red bag waste storage room by Room 301 had a 20 minute fire resistance rating label affixed to the door and was not provided with a self closing device. In addition, the room also contained a natural gas fired water heater room for which the entry door had no fire resistance rating label affixed to the door and was not provided with a self closing device.</p> <p>Based on interview at the time of the observations, the Maintenance Director stated no other documentation of the fire resistance rating of the aforementioned areas entry room doors was available for review and acknowledged each of the aforementioned areas entry room doors did not have a fire resistance rating of at least 45 minutes.</p> <p>3.1-19(b)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2016

FORM APPROVED

OMB NO. 0938-0391

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