

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/27/2014
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NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
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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: 03/27/14</p> <p>Facility Number: 001127 Provider Number: 155771 AIM Number: 200247220</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Franklin United Methodist Community Res & Com Care 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>The Franklin United Methodist Community consists of four separate connected buildings constructed at four different times: Building # 1 an NCC facility built in 1957, is a three story sprinklered building of Type I (332) construction with a basement; Building # 2 built in 1980 is a three story, sprinklered building of Type I (332) construction with a basement; Building # 3 built in 1992 is a one story, sprinklered building of Type I (332) construction with a basement; and Building # 4 built in 2000 is a three story, sprinklered building of Type I (332) construction.</p>	K010000	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations the facility has taken and will take actions set forth in the Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that the deficiencies cited have been corrected by the date certain.</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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K010018 SS=F	<p>Because all buildings are the same type of construction, the facility was surveyed as one building. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. In Building # 2, 47 battery operated smoke detectors were provided in the resident rooms on Health Center 2 and Health Center 3. In Buildings # 3 and # 4, 72 hard wired smoke detectors were installed in resident rooms on the Murphy Special Care West unit, Advanced Special Care Unit, Rehab 1 and Rehab 3. The healthcare portion of the facility has a capacity of 208 and had a census of 151 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/03/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are</p>			

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	<p>permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Based on observation and interview, the facility failed to ensure 7 of 7 sets of double leaf corridor doors could latch independently into their door frames. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 03/27/14 during the tour between 12:00 p.m. to 3:00 p.m. with the Maintenance Supervisor and Administrator, the following sets of double leaf corridor doors required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame:</p> <ul style="list-style-type: none"> a. Building 2 first floor, clean linen and soiled linen, b. Building 3 first floor, clean linen and soiled linen, c. Building 2 first floor Service corridor, dietary storage, d. Building 2 first floor Service corridor, loading dock, e. Building 2 second floor health center, east corridor 200 hall storage room doors. <p>Based on interview on 03/27/14 with the Maintenance Supervisor and Administrator, it was acknowledged he was unaware the the aforementioned corridor doors needed to latch independently into their door frame.</p> <p>3.1-19(b)</p>	K010018	<ol style="list-style-type: none"> 1. Doors identified in the findings as (a), (b), (c), (e), have had appropriate hardware installed on each door so that they could latch independently into their door frames. 2. Door identified as (d), has been reviewed with vendors and installers to satisfy the regulation. As a result, two LSDA exit devices will be installed by Bradley's Lock Service. 3. Maintenance Supervisor or Building Services Director will review other areas to determine that all doors latch appropriately as required. Findings will be reviewed and evaluated as part of the facility's on-going Quality Assurance process. 	04/26/2014

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 steel armover sprinkler pipes observed in the facility were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in Building 2 if the sprinkler system required repair as well as the staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 03/27/14 at 2:15 p.m. with the Maintenance Supervisor and Administrator, the unsupported steel sprinkler armover in the generator room in Building 2 was thirty six inches in length. Based on interview on 03/27/14 concurrent with the</p>	K010056	<p>1. The unsupported steel sprinkler arm over in the generator room has been replaced with the appropriate steel sprinkler pipe arm over not exceeding 24 inches in length and has been supported properly.</p> <p>2. The Maintenance Supervisor or Building Services Director will review other areas to determine that steel arm over sprinkler pipes are installed in accordance with the requirements. Findings will be reviewed and evaluated as part of the on-going Quality Assurance process.</p>	04/26/2014	

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K010069 SS=E	<p>observation with the Maintenance Supervisor and Administrator, it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>Based on observation and interview, the facility failed to install and maintain 1 of 1 cooking facilities in accordance with the requirements of NFPA 96, 3-1 which requires listed grease filters, baffles, or other approved grease removal devices for use with commercial cooking equipment shall be provided. Listed grease filters shall be tested in accordance with UL 1046, Grease Filters for Exhaust Ducts. Mesh filters shall not be used. This deficient practice could affect 7 residents in the adjacent dining room as well as staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 03/27/14 at 02:05 p.m. with the Maintenance Supervisor and Administrator, the kitchen range hood system had Mesh type filters instead of baffle-type filters. Based on interview on 03/27/14 concurrent with the observation with the Maintenance Supervisor and Administrator, it was acknowledged the grease filters were of the Mesh type.</p> <p>3.1-19(b)</p>	K010069	<p>1. The kitchen range hood system, although always previously considered "grandfathered" by surveyors since original equipment and utilizing "mesh type" grease filters with regular and recorded cleaning intervals, will now be fitted with stainless steel filters.</p> <p>2. The Director of Food Services will review the regular cleaning and service of the filters and hoods. Findings will be reviewed and evaluated as part of the on-going Quality Assurance process.</p>	

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K010070 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation, interview and record review; the facility failed to regulate the use of 3 of 3 portable space heaters in non resident rooms. This deficient practice could affect 47 residents in Building 2, first floor as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 03/27/14 during the tour between 1:05 p.m. and 1:30 p.m. with the Maintenance Supervisor and Administrator, a portable space heater which was plugged in for use was located in the following areas:</p> <ul style="list-style-type: none"> a. Assistant Director of Nursing A office, b. Nursing Services Coordinator office, c. Assistant Director of Nursing B office. <p>Based on interview on 03/27/14 concurrent with the observations, it was acknowledged by the Maintenance Supervisor and Administrator space heaters were not allowed in the facility. Based on review of facility policy for portable heaters on 03/27/14 at 3:30 p.m. with the Maintenance Supervisor and Administrator, the policy stated the facility did not allow space heaters in the facility.</p> <p>3.1-19(b)</p>	K010070	<ol style="list-style-type: none"> 1. The portable space heaters have been removed from these offices. 2. A review was conducted to be sure no other portable space heaters are in use. 3. Observations for space heaters will be done as part of the semi-annual checks. 4. Maintenance Supervisor or Building Services Director will ensure compliance by reviewing routine inspections. Findings will be reviewed and evaluated as part of the facility on-going Quality Assurance process. 	04/26/2014	