

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155521	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/28/2015
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NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1912 S PARK AVE ALEXANDRIA, IN 46001
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K 0000  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: 12/28/15</p> <p>Facility Number: 000518 Provider Number: 155521 AIM Number: 100266670</p> <p>At this Life Safety Code survey, Alexandria Care 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 70 and had a census of 59 at the time of this survey.</p>	K 0000	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under the State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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K 0018 SS=B Bldg. 01	<p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one detached garage and one shed for facility storage which were not sprinklered.</p> <p>Quality Review completed 01/05/16 - DA</p> <p>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 1¼ 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 permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 11 corridor doors on Main hall would close and latch securely into its frame. This deficiency could affect 8 residents observed on Main hall as well as visitors and staff.</p> <p>Findings include:</p>	K 0018	<p><u>K 018 Plan of Correction could affect 8 residents observed on main hall as well as visitors and staff.</u></p> <p>1.Maintenance Supervisor will check corridor doorsfor proper closure and latching of door. Door affected has been fixed andcurrently closes and latches securely.</p> <p>2.Maintenance Supervisor will monitor corridorddoors for proper</p>	01/20/2016

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K 0038 SS=E Bldg. 01	<p>Based on observation on 12/28/15 at 1:45 p.m. with the Maintenance Supervisor, the Employee locker room corridor door adjacent to the Employee lounge on Main hall lacked a latching device to securely latch the door into its frame. Based on interview on 12/28/15 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned corridor door did not latch into its frame.</p> <p>3.1-19(b)</p> <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 4 of 4 resident bathroom doors with locking devices on the inside could be opened by staff in an emergency. This deficient practice could affect 8 residents as well as visitors and staff if the occupants could not be accessed when the doors were locked from the inside.</p> <p>Findings include:</p>			K 0038	<p>closure and latching during daily rounds on normal workingdays for 2 weeks, then weekly for 4 weeks then monthly thereafter. (SeeAttachment #1) Should concern be found, immediate corrective action will occur.</p> <p>3.Administrator will re-educate the Maintenancestaff on the importance of assuring doors consistently close and latch. (SeeAttachment #2)</p> <p>4.Administrator will monitor progress and verifyplacement of locksets and review through Quality Assurance. Results of reviewswill be discussed in facility's quarterly Q.A. meetings.</p> <p>5.Locksets in affected rooms will be replaced onor before January 20, 2016.</p> <p><u>K 038 Plan of Correction could affect 8 residents located in rooms #205,207,210, and 212.</u></p> <p>1.Maintenance Supervisor will replace locksets inbathroom doors in rooms # 205, 207, 210, and 212 with locksets that can beeasily unlocked from exterior of bathroom to allow for readily accessible exitsat all times.</p> <p>2.Exit accessibility throughout the facility willbe checked by the Maintenance Supervisor during daily rounds on normal</p>		01/20/2016

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K 0052 SS=C Bldg. 01	<p>Based on observations on 12/28/15 during the tour between 1:20 p.m. to 2:00 p.m. with the Maintenance Supervisor, private bathrooms for residents in rooms # 205, 207, 210 and 212 could be locked from the inside and when Nurse #1 was asked to unlock one of the doorknobs Nurse #1 was unable to do so. Based on interview concurrent with the observations it was acknowledged by the Maintenance Supervisor when the lock is engaged from the inside for the aforementioned bathrooms the occupant could be trapped inside if they required assistance from staff during an emergency.</p> <p>3/1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance</p>	K 0052	<p>workingdays for 2 weeks, then weekly for 4 weeks then monthly thereafter. (See Attachment #1) Should concern be found, immediate corrective action will occur.</p> <p>3. Administrator will re-educate the Maintenance staff on the importance of assuring exits are readily accessible at all times.</p> <p>4. Administrator will monitor work and its progress through completion and review through Quality Assurance. (See Attachment #2) Results of reviews will be discussed in facility's quarterly Q.A. meetings.</p> <p>5. Locksets will be replaced on or before January 20, 2016.</p> <p><u>K 052 Plan of Correction could affect all residents, staff, and visitors.</u></p> <p>1. Maintenance Supervisor will contact Elwood Fire Equipment Company to conform that they will be on site to perform inspection as scheduled for 12/30/2016 and educate them that annual tests</p>	01/20/2016			

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K 0070 SS=E Bldg. 01	<p>with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. Table 7-3.2 shall apply. Table 7-3.2 "Testing Frequencies" requires alarm initiating devices, alarm notification appliances, batteries, and initiating devices to be tested at least annually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's "Inspection and Testing Form" and interview with the Maintenance Supervisor on 12/28/15 at 3:00 p.m., the last fire alarm system documented inspection occurred on 12/08/14. Based on interview concurrent with the observation with the Maintenance Supervisor, it was acknowledged the fire alarm annual test was past due, however, he stated it would be inspected at the end of the month.</p> <p>3.1-19(b)</p> <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>are day specific and not month specific so future tests must be calculated to be conducted no more than 365 days after the previous year. (See Attachment #2)</p> <p>2. Administrator will re-educate the Maintenance staff on the importance of assuring fire alarm systems are tested and maintained in accordance to NFPA 70 National Electric Code and NFPA 72.</p> <p>3. Maintenance Supervisor will ensure mandatory inspections will be completed based on the day and month of the year. Will monitor dates on all inspections during weekly fire alarm tests throughout the year. (See Attachment #3) Should concern be found, immediate corrective action will occur.</p> <p>4. Administrator will insure timely testing quarterly and review through Quality Assurance. Results of reviews will be discussed in facility's quarterly Q.A. meetings.</p> <p>5. Testing Completed on 12/30/2015. (See Attachment #4)</p>				

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	<p>Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in the facility. This deficient practice could affect 10 residents on 200 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/28/15 at 1:30 p.m. with the Maintenance Supervisor, inside resident room # 204 there was a portable space heater plugged in and used to provide additional air and heat to the room. Based on interview on 12/28/15 concurrent with the observation, it was acknowledged by the Maintenance Supervisor space heaters were not allowed in the facility and review of the portable space heater policy confirmed this.</p> <p>3.1-19(b)</p>	K 0070	<p><u>K070 Plan of Correction could affect 10 residents on 200 hall.</u></p> <p>1.Administrator immediately removed portableheater from resident room. 2.All staff will be re-educated on the importanceof having all electrical devices brought into the facility inspected by theMaintenance Supervisor for safety and appropriateness prior to use. (SeeAttachment #2) 3.All areas throughout the facility will bechecked by the Maintenance Supervisor for unauthorized equipment during dailyrounds on normal working days for 2 weeks, then weekly for 4 weeks then monthlythereafter. (See Attachment #1) Should concern be found, immediate correctiveaction will occur.</p> <p>4.Administrator will monitor progress duringmorning meetings on normal working days and review through Quality Assurance. 5.Portable Heater removed from Resident on12/28/2016. Date of completion of all aspects of this POC 01/20/2016.</p>	01/20/2016			
K 0147 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 10 surge</p>	K 0147	<p><u>K 147 Plan of Correction could affect 8 residentson Main hall, 10 residents on 200 hall as well as</u></p>	01/20/2016			

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	<p>protectors observed and 1 of 2 multiplugs including extension cords, non-fused extension cords and/or multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 8 residents on Main hall and 10 residents on 200 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 12/28/15 during the tour between 2:00 p.m. to 2:30 p.m. with the Maintenance Supervisor a surge protector was used to provide power to a microwave and toaster in the Employee lounge located on Main hall . Furthermore, a six prong multiplug was used to power an air conditioner unit in Social Services located on 200 hall.</p> <p>Based on interview on 12/28/15 concurrent with the observations it was acknowledged by the Maintenance Supervisor, a surge protector and multiplug were used to power the aforementioned electrical appliances.</p> <p>3.1-19(b)</p>		<p><u>visitors and staff.</u></p> <p>1.Maintenance Supervisor will remove surgeprotector, coffee pot and toaster from employee lounge and 6 prong multi-plugfrom Social Service Office.</p> <p>2.All staff will be re-educated regarding theproper use of surge protectors/multi-plugs though out the facility. (SeeAttachment #2)</p> <p>3.All areas throughout the facility will bechecked by the Maintenance Supervisor for unauthorized equipment during dailyrounds on normal working days for 2 weeks, then weekly for 4 weeks then monthlythereafter. (See Attachment #1) Should concern be found, immediate correctiveaction will occur.</p> <p>4.Administrator will monitor progress of work andcompletion and review through Quality Assurance. Results of reviews will bediscussed in facility's quarterly Q.A. meetings.</p> <p>5.Completion Date 01/20/2016</p>		

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

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