

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/12/2012
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NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429
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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: 01/12/12</p> <p>Facility Number: 000558 Provider Number: 155523 AIM Number: 100266410</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Richland Bean Blossom Health Care Center was found in substantial 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</p>	K0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission or agreement by Richland Bean Blossom Health Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in the compliance with the state and federal laws. Please accept this plan of correction as it constitutes our credible allegation of compliance with all regulatory requirements. This plan of correction also comes to you as a request for a desk review due to the scope and severity of the alleged deficiencies in this survey and supportive documentation is being attached exemplifying compliance and on going monitoring to assure compliance is maintained.</p>	

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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	<p>determined to be of Type V (000) 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 the capacity for 79 residents and had a census of 65 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/18/12.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</p>			
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K0048 SS=C	<p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of the kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any residents, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Policy and Procedure on 01/12/12 at 1:15 p.m. with the Plant Operations Director, the plan</p>	K0048	<p>K 048</p> <p>The facility will continue to maintain a written plan for the protection of all patients and for their evacuation in the event of an emergency as stated in regulation K 048 of the NFPA 101 Life Safety Code Standard.</p> <p>Corrective action:</p> <p>The facility has maintained a Fire Policy and Procedure that includes the use of the ABC fire extinguisher and the AK class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system see attached, page 15 of the facilities' disaster manual. The facility has however exemplified its policy by further explanation of usage, reviewing how to, when to and restating location of, for each of these extinguishers.</p> <p>Other residents having the potential to be affected:</p> <p>No residents were affected by the alleged deficient practice thus removing the potential to be affected</p> <p>Systemic changes made:</p> <p>On 1-25-12 the facility incorporated further detailed explanation of use, location and types of fires that the class ABC and AK extinguishers are designed to extinguish. The staff was in-serviced on 1-25 thru 1-27-12, on the changes to the Fire Policy and Procedures. All disaster manuals will</p>	01/27/2012			

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	<p>did not include the use of the BC fire extinguisher and the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. The Plant Operations Director acknowledged at the time of record review, the fire extinguishers had not been included as part of the written plan.</p> <p>3.1-19(b)</p>		<p>be updated with these revisions. The revision of our Fire Policy and Procedure is included in this Plan of correction for your review.</p> <p>Monitoring of Corrective changes: The Plant Operations Director will re in- service staff once again on 2-3-12 to assist in monitoring staffs' knowledge of these revisions to the Fire Policy and Procedures. The updated Fire Policy and Procedure will be added to the Employee New Hire Packets and upon new employee orientation the Plant Operations Director will review this policy during the walk thru process of the facility which is already in place and which includes location of fire alarm system, location of fire alert and the location of all fire extinguishers that also include types of the extinguishers, when and how to use. The updated revision of the facilities' Fire Policy and Procedures was also discussed on 1/25/12 at the quarterly Quality Assurance Committee meeting with the Medical Director present; monitoring will be preformed on a monthly basis and documented on the monthly Maintenance checks rounding form and results reported to the Administrator and the Quality Assurance Committee.</p> <p>Date of Completion: 1/27/12</p>		