

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2015
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NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631
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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: 08/11/15</p> <p>Facility Number: 000555 Provider Number: 155370 AIM Number: 100267530</p> <p>At this Life Safety Code survey, New Harmonie Healthcare 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 hard wired smoke detectors in the corridors, spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 96 and had a census of 73 at the time of this</p>	K 0000		
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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 0050 SS=F Bldg. 01	<p>survey.</p> <p>All areas where the residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except a detached garage used for a maintenance shop and maintenance and facility storage, plus two detached wood framed sheds used for the water softener salt and activities supplies.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department for 26 of 26 fire drills during the past 12 months. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all</p>	K 0050	Please accept this POC as our allegation of Compliance effective Sept 9, 2015 We are asking for a desk review with paper compliance due to low scope and severity and supportive documentation showing completion of stated deficiencies No residents or visitors have been affected by deficient practice Fire Drills now include, from the monitoring company, the faxed receipt of fire alarm transmission (see supportive documentation Maintenance	09/09/2015

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K 0062 SS=E Bldg. 01	<p>residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 08/11/15 at 11:30 a.m. with the Maintenance Supervisor and the Administrator present, the fire drill form the facility uses did not include information such as the name of the person spoken to at the monitoring company and the time the transmission of the fire alarm was received. Based on interview at the time of record review, the Maintenance Supervisor and the Administrator acknowledged documentation for the transmission of the fire alarm to the monitoring company was not complete information.</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>1. Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler head storage cabinet was provided with at least two of each type of sprinkler head used in the facility. NFPA 25, 2-4.1.4 requires a minimum of</p>	K 0062	<p>Director and or designee will monitor monthly for continued compliance All findings will be brought monthly to Quality Assurance/Risk Management meeting for review and revisions as needed</p> <p>No Resident/Visitors have been affected by the deficient practice Quick response pendent style heads were ordered and now in spare cabinet 8-27-15 see supportive documentation New Sprinkler heads have been installed 8-27-15 see supportive</p>	09/09/2015

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	<p>two sprinklers of each type and temperature rating installed shall be stored in a cabinet on the premises for replacement purposes. This deficient practice could affect any number of residents, as well as staff and visitors while using the Dining Room, front entrance/exit porch, each outside exit, and both oxygen storage/transfer rooms.</p> <p>Findings include:</p> <p>Based on observation on 08/11/15 at 12:10 p.m. during a tour of the facility with the Maintenance Supervisor, the spare sprinkler head cabinet in the mechanical room had six spare sprinkler heads, however, there were no spare quick response pendent type heads. Quick response sprinkler heads were observed under each exit overhang, under the front porch ceiling overhang, in both oxygen storage/transfer rooms, and throughout the kitchen. This was acknowledged by the Maintenance Supervisor at the time of each observation, furthermore, the Maintenance Supervisor said there were no other spare sprinkler heads in the facility that he was aware of.</p> <p>3-1.19(b)</p> <p>2. Based on observation and interview,</p>		<p>documentation Sprinkler heads will be visually inspected monthly for corrosion by Maintenance Director and inspection of spare cabinet to ensure extras are available All findings will be brought monthly to Quality Assurance/Risk Management meeting for review and revisions as needed</p>	

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K 0144 SS=F Bldg. 01	<p>the facility failed to ensure 3 of 4 sprinkler heads under the front porch entrance/exit overhang were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect any number of residents, as well as staff and visitors while using the front porch.</p> <p>Findings include:</p> <p>Based on observation on 08/11/15 at 12:45 p.m. during a tour of the facility with the Maintenance Supervisor, the three of four sprinkler heads under the front porch overhang were covered with green corrosion. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview,</p>	K 0144	No Residents or visitors have been affected by the deficient	09/04/2015

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	<p>the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating temperature conditions or at not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 110, 6-4.2.2 requires diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and</p>		<p>practice Under Load Test documentation is now being utilized monthly and reflective that generator was exercised under operating temperature conditions, and percentage of load (see supportive documentation) Annual load bank test was completed on 8-12-15 (see supportive documentation) Under load test documentation will be inspected monthly for accuracy by Maintenance Director and or designee Annual Load bank test will be completed timely and monitored by Maintenance Director and or designed All findings will be brought Monthly to Quality Assurance/Risk Management meeting for review and revisions as needed</p>	

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	<p>visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Emergency Generator - Under Load Test documentation on 08/11/15 at 11:15 p.m. with the Maintenance Supervisor and the Administrator present, the generator log form documented the generator was tested monthly under load, however, the documentation did not show the generator was exercised under operating temperature conditions or did not document the percentage of load at which the generator was exercised during the past twelve months. The most recent load bank test documentation for this diesel generator was dated 05/23/14. This was acknowledged by the Maintenance Supervisor and the Administrator at the time of record review.</p> <p>3.1-19(b)</p>			