

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2015
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NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN 47025
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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: 09/11/15</p> <p>Facility Number: 000304 Provider Number: 155525 AIM Number: 100266810</p> <p>At this Life Safety Code survey, Shady Nook 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 with a basement was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 94 and had a census of 78 at the time of this</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 0067 SS=F Bldg. 01	<p>survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 09/16/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure egress corridors were not used as a portion of a return air system serving adjoining rooms for 48 of 48 resident rooms. LSC 19.5.2.1 requires air conditioning, heating, ventilating ductwork and related equipment to be installed in accordance with NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilating Systems. NFPA 90A, Section 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0067	K 067Shady Nook Care center wishes to request an annual waiver for K 067. The request form and supporting documentation have been electronically attached to this request. The facility has received the waiver each year since the early 1990's.	10/11/2015

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K 0144 SS=F Bldg. 01	<p>Based on observations with the maintenance supervisor on 09/11/15 during the tour of the facility from 1:15 p.m. to 4:20 p.m., all resident rooms were using the egress corridor as a return air system. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 09/11/15 at 4:30 p.m.</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.</p> <p>1. Based on record review and interview, the facility failed to document monthly load tests for 2 of the past 12 months to meet the requirements of NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p>	K 0144	K 0144Life Safety Code Standard: Maintenance Director will conduct testing of generators/storage batteries used in connection with essential electrical systems of the facility to be inspected at intervals of not more than 7 days and 30 minute load/exercised tested at monthly intervals.An additional maintenance employee of the facility will be trained to do testing of generator as backup. As a third level of compliance, an outside vendor will be used for the testing if needed.QA will set up a calendar to be used as a visual tracking tool for future dates of testing scheduled. A monthly log	10/04/2015

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	<p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Generator Monthly Test Log with the maintenance supervisor on 09/11/15 at 1:30 p.m., there was no record of a monthly load test for January and February 2015. Based on an interview with the maintenance supervisor on 09/11/15 at 1:40 p.m., the maintenance supervisor indicated the facility was without a maintenance supervisor during those two months before he was hired. The lack of emergency generator monthly load tests for January and February 2015 was verified by the maintenance supervisor at the time of record review and acknowledged by the administrator at the exit conference on 09/11/15 at 4:30 p.m.</p> <p>3.1-19(b)</p>		will be filled out validating pertinent findings. This compliance program will begin September 30, 2015 and end February 29, 2016.		

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	<p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections for 8 of 52 weeks over the past year. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. 6-4.1 requires Level 1 and Level 2 EPSS, including all appurtenant components, shall be inspected weekly and shall be exercised under load monthly at a minimum. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Generator Monthly Weekly Inspection</p>			

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	<p>Log with the maintenance supervisor on 09/11/15 at 1:30 p.m., there was no record of weekly inspections for January and February 2015. Based on an interview with the maintenance supervisor on 09/11/15 at 1:40 p.m., the maintenance supervisor indicated the facility was without a maintenance supervisor during those two months before he was hired. The lack of emergency generator weekly inspections for January and February 2015 was verified by the maintenance supervisor at the time of record review and acknowledged by the administrator at the exit conference on 09/11/15 at 4:30 p.m.</p> <p>3.1-19(b)</p>				