

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2015
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NAME OF PROVIDER OR SUPPLIER SEBO'S NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49TH AVE HOBART, IN 46342
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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: 09/23/15</p> <p>Facility Number: 000366 Provider Number: 155469 AIM Number: 100288900</p> <p>At this Life Safety Code survey, Sebo's Nursing and Rehabilitation 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 facility was surveyed as three separate buildings due to the construction types of three sections of the building: Building 0102 originally built in 1951 as a house is of Type V (000) construction and is fully sprinklered; Building 0202 renovated in 1972 and 1999 was determined to be of Type II (111)</p>	K 0000	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.	
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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 0025 SS=E Bldg. 01	<p>construction and is now sprinklered; and Building 0302 built in 1999 was determined to be of Type V (111) construction and fully sprinklered, encompasses the north and southeast sections of the facility. The facility has one fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has smoke detectors in all resident sleeping rooms. The facility has a capacity of 138 and a census of 114 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed 09/25/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure the penetrations</p>	K 0025		10/09/2015

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	<p>caused by the passage of wire and/or conduit through 2 of 3 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect staff and up to 50 residents.</p> <p>Findings include:</p> <p>Based on observations with Maintenance Director and Corporate Properties Manager on 09/23/15 between 1:55 p.m. to 2:19 p.m., the following smoke barrier penetrations were discovered:</p> <ul style="list-style-type: none"> a) a three inch gap in the smoke barrier around wires in Apple Lane b) a three quarter inch gap around sprinkler pipe in Daisy Lane c) a quarter inch gap around cables in smoke barrier near resident room 32. <p>Based on interview at the time of each observation, the Maintenance Director</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The passage of wire and/or conduit through Apple Lane, Daisy Lane and smoke barrier near room 32 were filled with fire rated material to maintain the smoke resistance of the smoke barrier wall.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Facility rounds were completed with Maintenance to identify any other break in the facility smoke barrier walls and to correct immediately upon inspection.</p> <p>What measures will be put into place or what systematic changes will be made to ensure</p>	

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	<p>and Corporate Properties Manager acknowledged each aforementioned condition and provided measurements.</p> <p>3.1-19(b)</p>		<p>that the deficient practice does not occur;</p> <p>Maintenance Department was educated to ensure that any new installation or repair to facility smoke barrier walls are to be inspected after contractor completes work to ensure any penetrations made were filled with appropriate fire rated material.</p> <p>Maintenance Director/Designee will monitor any contract work completed during each month and note inspection and education provided to contractors to ensure smoke barriers are maintained.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>The Maintenance Director/designee will present a summary of his findings to the Quality Assurance committee for 6 months. Thereafter, if determined by the Quality Assurance Committee,</p>	

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K 0062 SS=A Bldg. 01	<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>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-2.1.1 states unacceptable obstructions to spray patterns shall be corrected. NFPA 13, 1999 Edition Standard for the Installation of Sprinkler Systems, Section 5-8.5.1.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 5-8.5.2 and 5-8.5.3, or additional sprinklers shall be provided to ensure adequate coverage of the hazard. These deficient practices potentially could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Corporate</p>	K 0062	<p>auditing and monitoring will be done quarterly.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The facility has contacted contractor to adjust Main Nurses Station's Medication Room sprinkler so that the spray pattern is correct.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Facility rounds were</p>	10/15/2015

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	<p>Properties Manager on 09/23/15 at 11:45 a.m., the Main Nurse's Station Medication Room had one sprinkler adjacent to a ceiling light. Based on interview at the time of observation, the Corporate Properties Manager measured the light box was two inches below the deflector and one and one quarter inch away from the light box. The Maintenance Director and Corporate Properties Manager acknowledged the spray would not provide adequate coverage below the building materials.</p> <p>3.1-19(b)</p>		<p>completed with Maintenance and sprinkler system inspected to ensure that</p> <p>location of sprinklers were appropriate for spray pattern and adequate coverage.</p> <p>Maintenance Director contacted our Fire Service Provider to ensure any areas identified were corrected.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur;</p> <p>Maintenance Director was educated to ensure that any new installation of sprinklers by licensed contractors were to be inspected to ensure adequate coverage and no obstruction to spray patterns present.</p> <p>Maintenance Director will continue making monthly rounds in the facility to ensure that sprinkler heads are appropriately placed and without obstruction to spray patterns and supply adequate coverage.</p>	

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K 0066 SS=B Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.		<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>The Maintenance Director/designee will present a summary to the Quality Assurance committee reflecting any licensed contract work done during the month that might have affected the sprinkler system, and will also present any identified sprinkler heads found out of compliance and corrected.</p> <p>This summary will be presented monthly for 6 months. Thereafter, if determined by the Quality Assurance Committee, auditing and monitoring will be done quarterly.</p>	

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	<p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 Based on observation and interview, the facility failed to ensure 1 of 2 areas where smoking was permitted for staff and residents was maintained and the metal container with a self-closing cover was used for an ashtray. This deficient practice could affect at least 6 of 114 residents who use the smoking area.</p> <p>Findings include:</p> <p>Based on an observation and with the Maintenance Director and Corporate Properties Manager on 09/23/15 at 12:46 p.m., the resident designated smoking area had least one hundred cigarette butts were observed on the ground in the smoking area. Based on interview at the time of observation, the Maintenance Director and Corporate Properties Manager acknowledged the aforementioned condition and provided the estimate of cigarette butts.</p>	K 0066	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Cigarette butts found outside of the provided noncombustible container were picked up.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>A routine schedule has been made to clean the resident</p>	10/09/2015

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	3.1-19(b)		<p>smoking areas 2 times a day to ensure that cigarette butts are properly disposed of.</p> <p>Education was provided to the assigned staff for supervision of residents during smoke breaks to encourage proper disposal of the cigarette butts.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Housekeeping supervisor/Designee will audit the cleaning schedule of the resident smoking break area 3 times a week to ensure that area is kept clear of cigarette butts.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>The Housekeeping Director /designee will present a summary</p>		

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K 0075 SS=D Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>Based on observation and interview, the facility failed to ensure a capacity of 32 gallons for soiled linen or trash collection receptacles was not exceeded within any 64 square foot area which was not protected as a hazardous area for 1 of 1 of resident room areas. This deficient practice could affect 2 residents.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Director and Corporate Properties Manager on 09/23/15 at 11:56 a.m., the Maintenance Director confirmed a 30 gallon trash receptacle</p>	K 0075	<p>of the audits to the Quality Assurance committee monthly for three months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The trash receptacles identified in room 28 were removed immediately during survey.</p> <p>How the facility will identify other residents having the potential to be affected by the</p>	10/09/2015

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	<p>was next to a 32 gallon soiled linen receptacle in the bathroom in resident room 28.</p> <p>3.1-19(b)</p>		<p>same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Facility rounds were completed with facility staff to ensure that soiled linen and trash receptacles did not exceed the 32 gal capacity.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur;</p> <p>Nursing and Housekeeping staff were educated on soiled linen and trash collection receptacles 32 gallon limit per 64 square foot area.</p> <p>Housekeeping Supervisor/designee will inspect 5 hallways a week to ensure receptacles are kept within the 32 gallon limit per 64 square foot area.</p>	

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K 0130 SS=E Bldg. 01	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure the penetration in 1 of 4 fire barrier walls was maintained to ensure the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.2.3.2.4.2 requires pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows:</p> <p>(1) The space between the penetrating</p>	K 0130	<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>The Housekeeping Supervisor/designee will present a summary of his findings to the Quality Assurance committee for 6 months. Thereafter, if determined by the Quality Assurance Committee, auditing and monitoring will be done quarterly.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The penetrations of the fire barrier wall near resident room 44 were sealed.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what</p>	10/09/2015
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	<p>item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet on of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>This deficient practice could affect staff and at least 37 residents.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director and Corporate Properties Manager on 09/23/15 at 1:59 p.m., the fire barrier wall near resident room 44 had two unsealed penetration measuring three quarter inch around conduit. Based on interview at the time of observation, the Maintenance Director and Corporate Properties Manager</p>		<p>corrective action will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Facility rounds were completed with Maintenance department to inspect fire barrier walls to observe for any other unsealed penetrations.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur;</p> <p>Maintenance Department was educated to ensure that any new installation or repair to facility fire barrier walls are to be inspected after contractor completes work to ensure any penetrations made were filled with appropriate fire rated material.</p> <p>Maintenance Director/Designee will monitor any contract work completed during each month and note inspection and education provided to contractors to ensure fire barriers are maintained.</p>				

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K 0143 SS=E Bldg. 01	<p>acknowledged the aforementioned condition and provided the measurements.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association.</p> <p>8.6.2.5.2</p>		<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>The Maintenance Supervisor/designee will present a summary of his findings to the Quality Assurance committee for 6 months. Thereafter, if determined by the Quality Assurance Committee, auditing and monitoring will be done quarterly.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/23/2015	
NAME OF PROVIDER OR SUPPLIER SEBO'S NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49TH AVE HOBART, IN 46342			
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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 resident room storing liquid oxygen was separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire-resistive construction. This deficient practice could affect up to 31 residents in Cherry Lane.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director and Corporate Properties Manager on 09/23/15 at 11:38 a.m., resident room 17 contained one resident who was getting breathing assistance from the liquid oxygen cylinder. Across the room were three other liquid oxygen cylinders being stored. Based on interview at the time of observation, the Maintenance Director and Corporate Properties Manager acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>	K 0143	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The liquid oxygen cylinders were removed from room 17 and placed in appropriate oxygen storage room.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents who use oxygen have the potential to be affected by this alleged deficient practice.</p> <p>Facility rounds were completed with Maintenance department and no other rooms were identified with this alleged deficient practice.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur;</p>	10/09/2015			

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K 0147 SS=A Bldg. 01	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 5 of 5 flexible cords were not used as a substitute for fixed wiring to provide power equipment	K 0147	Nursing Staff were educated on the requirement of proper oxygen storage when not in use. Administrator/Designee will review 3 resident rooms with oxygen a week to ensure proper storage and use of oxygen is taking place. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; The Administrator/designee will present a summary of his findings to the Quality Assurance committee for 6 months. Thereafter, if determined by the Quality Assurance Committee, auditing and monitoring will be done quarterly. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient	10/09/2015

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	<p>with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Director and Corporate Properties Manager on 12:09 p.m. to 12:54 p.m. the following was discovered:</p> <p>a) a surge protector was powering a microwave and refrigerator in the Environmental Services office</p> <p>b) a surge protector powering two surge protectors powering electrical equipment in the Main Electrical Room</p> <p>b) an extension cord was powering a refrigerator in the Medication Room in Daisy Lane</p> <p>Based on interview at the time of observation, the Maintenance Director and Corporate Properties Manager acknowledged each aforementioned condition.</p> <p>3.1-19(b)</p>		<p>practice? The surge protectors were removed in the Environmental Services office, the Main Electrical Room and the Medication Room. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice. Facility rounds were completed with Maintenance to remove any other flexible cords identified providing power to high current draw equipment. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur; Maintenance Department was educated to ensure that any new installation of surge protectors must be inspected to ensure it is not used a substitute for fixed wiring to provide power to equipment with a high current draw. Maintenance Director/Designee will make weekly walking rounds to inspect 3 random rooms with high current draw equipment to ensure adequate fixed wiring is provided. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into</p>		

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			place; The Maintenance Director/designee will present a summary of his findings to the Quality Assurance committee for 6 months. Thereafter, if determined by the Quality Assurance Committee, auditing and monitoring will be done quarterly.		