

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155660	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2014
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NAME OF PROVIDER OR SUPPLIER PULASKI HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 624 E 13TH ST WINAMAC, IN 46996
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K010000	<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: 11/05/14</p> <p>Facility Number: 000553 Provider Number: 155660 AIM Number: 100267430</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pulaski health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, 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, consisting of the original building and a later addition was surveyed as one building since both were determined to be of Type V (111) construction, were fully sprinklered, and were built prior to March 1, 2003. Therefore the facility was surveyed in</p>	K010000	Pulaski Health Care Center is requesting a paper compliance review.Thank you.	
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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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K010018 SS=E	<p>accordance with LSC Chapter 19. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors and resident rooms in the northeast wing. All other resident rooms are equipped with battery powered single station smoke detectors . The facility has the capacity for 58 and had a census of 55 at the time of this survey.</p> <p>All areas residents have customary access to were sprinklered. One detached equipment shed was unsprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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 1¾ 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</p>						

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K010029	<p>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, the facility failed to ensure there were no impediments to closing a door protecting the corridor opening in 1 of 5 smoke compartments. This deficient practice affects staff, visitors and 10 or more residents in the Tulip hall smoke compartment. Findings include: Based on observation with the maintenance director on 11/05/14 at 1:35 p.m., a double door set separating the main dining room from the adjacent corridor was equipped with an astragal. When the doors closed in the wrong sequence, one door hit the astragal and could not close and latch. Screw holes at the top of the door frame were observed. The maintenance director said at the time of observation, he had removed a door coordinator which had malfunctioned repeatedly and could not be relied upon to allow the doors to close and latch.</p> <p>3.1-19(b)</p> <p>NFPA 101</p>	K010018	<p>1. The medical supplier, Direct Supply, was contacted on 11-07-2014 to provide us with different options for door coordinators. Our representative, John Davis, referred us to a website by Ingersoll Rand Security Technologies. Weighing our options and following expert opinions we ordered the Ives Cor-Bar Coordinator on 11-19-2014</p> <p>2. All other doors in the building were checked for the same problem and none were found deficient.</p> <p>3. The new Ives Cor-Bar Coordinator will be installed and checked by the maintenance director for correct closing of doors.</p> <p>4. The dining room doors in question will be checked daily for one month then weekly thereafter to insure proper function by the maintenance director.</p> <p>5. The Ives Cor-Bar Coordinator will be installed by 12-05-2014</p>	12/05/2014	

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SS=E	<p>LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 doors to hazardous areas, such as a storage rooms larger than 50 square feet closed automatically or upon activation of the fire alarm system. This deficient practice could affect visitors, staff and 10 or more residents in the Tulip hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/05/14 at 1:40 p.m., the 10 by 12 foot housekeeping storage room on the Tulip hall had shelves laden with toilet paper rolls and other supplies stored in cardboard cartons. The door separating the room from the Tulip hall exit corridor had no self closer or other means to ensure the door closed automatically. The maintenance director acknowledged the room was larger than 50 square feet.</p>	K010029	<p>1. A non-handed commercial door closer was ordered from HD Supply on 11-10-14.2. All other doors to hazardous areas were checked. All areas over 50 square foot had self-closers currently on.3. The new commercial door closer was installed by the maintenance director. The door was checked for proper closure. 4. The housekeeping storage door will be checked daily by the environmental services staff. If there is a malfunction of the door closer, the maintenance director will be notified immediately.5. The non-handed commercial door closer was installed on 11-18-14</p>	11/18/2014			

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K010064 SS=E	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances use combustibile cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect 4 or more staff, visitors and any residents using the corridor located adjacent to the kitchen.</p>	K010064	<p>1. Our Fire Extinguisher Service Company, Fritz Fire Extinguishers was contacted on 11-06-2014. 2. All other fire extinguishers in the building were checked to insure they were not K class fire extinguishers and if they were, did they have a placard. We have no other K class fire extinguishers. 3. The new placard was delivered to our facility on 11-07-2014. It is approximately 11" x 7.5" in size and states "Warning in case of appliance fire, use this fire extinguisher after fixed suppression system has been actuated." 4. The kitchen placard will be checked weekly by the dietary department, making sure it is still in place. 5. The placard was mounted by the maintenance director on 11-07-2104.</p>	11/07/2014

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K010076 SS=E	<p>Findings include:</p> <p>Based on observation on 11/05/14 at 11:55 a.m. with the maintenance director, no placard was posted near the K class fire extinguisher in the kitchen. The maintenance director acknowledged at the time of observation, there was no placard.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation, the facility failed to ensure cylinders 3 of 12 nonflammable gases, such as oxygen were properly chained or supported in a proper cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraint shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly</p>	K010076	<p>1. The oxygen cylinders in question were immediately put in their proper racks. 2. All other oxygen cylinders were checked in the building making sure all were secure. All were secure. 3. The Environmental Services Assistant delivered an in-service on 11-20-2014 to all staff focusing on the importance of putting the O2 Cylinders in a secure rack.4.</p>	12/01/2014
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K010144 SS=F	<p>chained or supported in a proper cylinder stand or cart. This deficient practice affects visitors, staff and 10 or more residents the Tulip, Evergreen, Rosebud, and Lilac halls.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/05/14 at 1:45 p.m., three oxygen cylinders were standing on a ledge in the oxygen supply room without support. The maintenance director said at the time of observation the staff were reminded repeatedly to secure the cylinders in the racks provided.</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>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to</p>	K010144	<p>The 02 room will be checked daily by the maintenance director insuring all canisters are securely placed in their proper racks.5. Daily checks of the 02 room will be documented starting 12-01-14.</p> <p>1. Our generator service company, H & G Services, was contacted on 11-06-14 about moving our remote generator annunciator panel. 2. As this is the only remote annunciator panel and there is only one nurse's station in the facility, the maintenance director will make sure that the remote generator annunciator panel will always be at the nurse's station. Even if the</p>	12/05/2014			

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	<p>operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient</p>		<p>nurse's station moves to a different location.3. H & G Services were scheduled to move the generator panel on 11-20-14. 4. A sign will be posted next to the generator annunciator panel stating "Generator Annunciator Panel, if alarm sounds contact maintenance department."5. The generator annunciator panel was moved to its new location at the nurse's station on 11-20-14. The sign will be posted by 12-05-14</p>	

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K010147 SS=D	<p>practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/05/12 at 2:10 p.m., an ancillary remote alarm annunciator for the emergency generator was provided in the the lounge, formerly the nurses station. The maintenance director said the panel was located where the alarm annunciated from the panel was audible for the nurses station located across a common area. The generator annunciator alarm was sounded for three minutes to simulate generator trouble at the time of observation with the maintenance director. Three staff at the nurses station failed to react in any way. The charge nurse was interviewed following the test with the maintenance director. She was unable to identify the location of the generator annunciator panel and said she did not notice any alarm sounded in the past few minutes. The maintenance director acknowledged at the time of interview, the generator panel was not in an area the staff could continuously supervise the alarm.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in</p>						

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	<p>accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 electrical wiring connections behind commercial dryers were maintained in a safe operating condition which included junction boxes. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect 2 or more visitors and staff in the laundry.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 11/05/14 at 2:00 p.m., a junction box in the enclosure behind the commercial laundry dryers was left uncovered with multiple wires exposed. The maintenance director acknowledged at the time of observation the wires in the junction box should have been covered.</p> <p>3.1-19(b)</p>	K010147	<p>1. The maintenance Director covered the junction box that housed thermostat wires behind the commercial dryer on 11-12-14.2. All other junction boxes in the building will be inspected throughout the building the week of 12-01-14. The inspections will be completed by 12-05-14. Covers will be added to all junction boxes that may be found without. 3. When any outside contractors are hired by the facility, the maintenance director will inspect their work making sure that they covered all junction boxes they worked with.4. Communication with outside contractors is key. The maintenance director will ask the contractors what areas they will be working in. This is crucial in discovering any potential hazards on uncovered junction boxes. 5. The junction box in question was covered on 11-12-14. All other areas will be inspected between 12-01-14 and 12-05-14. All repairs will be made at that time.</p>	12/05/2014			