

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155719	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/08/2014
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NAME OF PROVIDER OR SUPPLIER  GEORGE ADE MEMORIAL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3623 E SR 16 BROOK, IN 47922
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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: 05/08/14</p> <p>Facility Number: 000559 Provider Number: 155719 AIM Number: 100267170</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, George Ade Memorial 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 determined to be of Type II (222) construction and was sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, spaces open to the corridors and resident rooms. The facility has a</p>	K010000		
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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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K010069 SS=B	<p>capacity of 70 and had a census of 65 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 by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/13/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection</p>	K010069	<p>May 16, 2014</p> <p>Miriam Buffington Enforcement Manager, Long Term Care Indiana State Department of Health 2 North Meridian Section 4-B Indianapolis, IN 46204-3006</p> <p>Re: Survey Event ID H9MBZ1</p> <p>Dear Miriam:</p>	05/27/2014			

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	<p>Schedule, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect 3 kitchen staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of kitchen exhaust system inspection and cleaning documentation with the administrator on 05/08/14 at 3:55 p.m., documentation of a semiannual kitchen hood exhaust system inspection prior to 01/17/14 was not available for review. Based on observation with the administrator on 05/08/14, there was no cleaning record sticker affixed to the range hood kitchen exhaust system. The administrator said at the time of record review on 05/08/14</p>		<p>This letter is regarding the above referenced information as it pertains to our recent life safety survey. The plan of correction is being submitted as our allegation of substantial compliance. We further submit that this facility is in substantial compliance as of May 27, 2014.</p> <p>We are asking that this plan of correction serve as a desktop review for paper compliance and that no further follow up would be needed as it pertains to this survey.</p> <p>We would further ask that any and all remedies proposed or in place be lifted on or before the above compliance date.</p> <p>If any further information is needed please call me at 219-275-2531 or by email at <a href="mailto:admin@georgeade.org">admin@georgeade.org</a></p> <p>Thank you.</p> <p>Scott James, HFA</p> <p>cc file</p>				

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	<p>at 3:55 p.m., he did not know if the kitchen exhaust systems contractor had inspected the system in the six months prior to the January 2014 visit.</p> <p>3.1-19(b)</p>		<p>Life Safety</p> <p>The preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of the federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care.</p> <p>Furthermore, the operation and licensure of the long term care facilities, and this plan of correction in its entirety, constitutes this provider's allegation of compliance. Completion dates are provided for the procedural preceding purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective</p>		

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			<p>action. These dates do not necessarily correspond chronologically to the date the provider is under the opinion it was in with requirements of participation or that the corrective action was necessary.</p> <p>K-069</p> <p>It is the practice of this facility to maintain cooking facilities that are protected in accordance within current requirements. We ask that this POC be accepted and a desktop review for compliance be approved.</p> <p>As of May 27, the hood has been cleaned to meet current requirements with the second cleaning schedule for October 2nd. Stickers were in place at time of inspection, the information was missing after routine cleaning done by dietary department.</p> <p>The cleaning and scheduling of the cleaning will be reviewed semi-annually for cleaning and maintaining to maintain compliance.</p> <p>The regular cleaning of the range</p>		

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			<p>hood is completed bythe dietary department on an ongoing basis, attention to additional cleaning isgiven when needed between contracted semi-annual cleanings.</p> <p>The range hood is checked on a daily basis as and cleanedweekly and as needed as a part of the posted dietary department cleaningschedule. The cleaning dates of 2 timesper year will be scheduled so as to maintain compliances.</p> <p>Dietary and Maintenance supervisors to monitor forcompliance.</p> <p>This is corrected as of 5/27/2014.</p>	