

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155666	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/19/2012
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NAME OF PROVIDER OR SUPPLIER  WESLEY HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1751 WESLEY ROAD AUBURN, IN 46706
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K0000	<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: 06/19/12</p> <p>Facility Number: 000307 Provider Number: 155666 AIM Number: 100285660</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Wesley Healthcare 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</p>	K0000	<p>This plan of correction is prepared and executed because the provisions of the state and federal law require it. This plan of correction shall not be deemed an admission to, or agreement with the survey allegations. Wesley Healthcare Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render the residents, nor are they of such character so as to limit our capability to render adequate care. Wesley Healthcare Center further maintains that the allegations set forth herein do not substantiate or constitute substandard quality of care. Please accept the last date noted on the plan of correction as the facility's credible allegation of compliance Wesley Healthcare Center requests paper compliance for K018, K052, K064, and K066.</p>	

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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	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in resident rooms. The facility has a capacity of 69 and had a census of 62 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0018 SS=E	<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 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.</p> <p>Based on observation and interview, the facility failed to ensure the door protecting the corridor opening for 1 of 1 soiled utility rooms was smoke resistive. This deficient practice could affect any resident in the 200 hall near the soiled utility room.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator on 06/19/12 at 1:31 p.m., there were two, one half inch holes above the door handle in the corridor door to the soiled utility room. This was acknowledged by the Administrator at the time of observation.</p>	K0018	K 018 The soiled utility room door was repaired by maintenance staff. Administrator will monitor for compliance quarterly for 1 year. 7/25/2012	07/25/2012			

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	3.1-19(b)			

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K0052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure 69 of 69 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms</p>	K0052	K 052 All 69 smoke detectors will be sensitivity tested by ASG is attached work order. The administrator will monitor for compliance.	07/25/2012			

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	<p>show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> <li>(1) Calibrated test method</li> <li>(2) Manufacturer ' s calibrated sensitivity test instrument</li> <li>(3) Listed control equipment arranged for the purpose</li> <li>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range</li> <li>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction</li> </ol> <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of the ESCO Communications smoke detector record titled "Fire Alarm</p>			

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	<p>and Life Safety System Inspection Certificate" with the Administrator on 06/19/12 at 12:50 p.m., the last smoke detector sensitivity test on all sixty nine smoke detectors occurred on 03/22/10. Based on an interview with the Administrator at the time of record review, there has not been a smoke detector sensitivity test since March of 2010.</p> <p>3.1-19(b)</p>				

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K0064 SS=E	<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</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 K Class 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 using combustible 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</p>	K0064	K 064 The maintenance staff placed a placard above the K-class fire extinguisher identifying its use as a secondary backup to the kitchen automatic fire suppression system. The placard reads as follows," The fixed fire protection system shall be activated prior to using the K class portable fire extinguisher", since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance. The administrator will monitor for compliance quarterly for a year	07/25/2012			

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	<p>deficient practice could affect any residents in the main dining room and all kitchen staff.</p> <p>Findings include:</p> <p>Based on observation with the Administrator on 06/19/12 at 1:25 p.m., the kitchen K-Class fire extinguisher lacked a placard. Based on an interview with the Administrator at the time of observation, the kitchen K-Class fire extinguisher lacked a placard identifying its use as secondary backup to the kitchen automatic fire suppression system.</p> <p>3.1-19(b)</p>				

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K0066 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(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> <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</p> <p>Based on observation and interview, the facility failed to enforce 1 of 1 smoking policies for the facility. This deficient practice could affect any staff and residents in the back parking lot.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator on 06/19/12 at 1:48 p.m., there were at least fifty cigarette butts on the ground</p>	K0066	K 066 The maintenance staff placed a "No Smoking" area sign in the parking lot picnic tables. The administrator also distributed the smoking policy to every employee concerning smoking by the picnic table in the back parking lot. Administrator will monitor for compliance quarterly for a year. See attached.	07/25/2012			

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	<p>around the back parking lot picnic table. Based on an interview with the Administrator at the time of observation, this was not the designated smoking area.</p> <p>3.1-19(b)</p>			