

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155676	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2014
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NAME OF PROVIDER OR SUPPLIER MILNER COMMUNITY HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 370 E MAIN ST ROSSVILLE, IN 46065
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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: 06/03/14</p> <p>Facility Number: 000299 Provider Number: 155676 AIM Number: 100286940</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Milner Community Health Care 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a two hour separation from an assisted living occupancy located on the west side of the building. The west emergency exit from</p>	K010000	<p>Submission of this Plan of Correction and Credible Allegation of Compliance does not constitute an admission by the certified and licensed provider at Milner Community Healthcare, Inc. that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care at this health care facility. We respectfully request a desk review be completed. All plans of correction have been completed as stated. Please accept this POC as the Credible allegation of compliance.</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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K010056	NFPA 101 A Hall requires passing through one smoke compartment of the assisted living unit. The facility has a fire alarm system with hard wired smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 80 and had a census of 70 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for the one detached storage shed. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/09/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

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SS=E	<p>LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems. NFPA 13, Section 5-6.3.4, Minimum Distance between Sprinklers, states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 21 residents on D hall north and 20 residents on B hall north as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observations on 06/03/14 at 1:28 p.m. and 1:59 p.m. with the Maintenance Supervisor the two pendant sprinkler heads located on the ceiling of the east portion of the Main dining room were forty two inches apart. Furthermore, the two pendant sprinkler</p>	K010056	<p>1. Called facility's Fire Suppression System company to schedule repairs. 2. All residents have the ability to be affected by this deficient practice. 3. VFP Fire Systems completed the removal of cited sprinkler heads on 6/17/2014. 4. Maintenance Director will review all Facility modifications to assure sprinkler head violations do not occur. Quarterly, He will report and update QAA committee of any possible future actions that may need inspection and approval from facility Fire Suppression Company.</p>	06/18/2014

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K020000	<p>heads located in the TV lounge adjacent to the west Nursing station were forty eight inches apart. Based on interview on 06/03/14 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned sprinkler heads were less than six feet apart.</p> <p>3.1-19(b)</p> <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: 06/03/14</p> <p>Facility Number: 000299 Provider Number: 155676 AIM Number: 100286940</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Milner Community Health Care was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42</p>	K020000	<p>Submission of this Plan of Correction and Credible Allegation of Compliance does not constitute an admission by the certified and licensed provider at Milner Community Healthcare, Inc. that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care at this health care facility. We respectfully request a desk review be completed. All plans of correction have been completed as stated. Please accept this POC as the Credible allegation of compliance.</p>				

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	<p>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) and 410 IAC 16.2. The Sunroom located north of the Main dining room was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a two hour separation from an assisted living occupancy located on the west side of the building. The west emergency exit from A Hall requires passing through one smoke compartment of the assisted living unit. The facility has a fire alarm system with hard wired smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 80 and had a census of 70 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for the one detached storage shed.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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