

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155343	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/19/2014
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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF LAGRANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 0770 N 075 E LAGRANGE, IN 46761
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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: 03/19/14</p> <p>Facility Number: 000235 Provider Number: 155343 AIM Number: 100267740</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Care Center of LaGrange 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident rooms. The facility has a</p>	K010000	<p>The facility requests that this plan of correction be considered its credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	
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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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	<p>capacity of 100 and had a census of 67 at the time of this survey.</p> <p>All areas where the residents have customary access and all areas providing facility services were sprinklered .</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/24/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 9 exit doors with a delayed egress lock was readily accessible. LSC 7.2.1.6.1, Delayed Egress Locks allows approved, listed, delayed egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system installed in accordance with Section 9.6, or an approved, supervised automatic sprinkler system installed in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided:</p> <p>(a) The doors unlock upon actuation of an approved, supervised automatic sprinkler system installed in accordance with Section 9.7, or upon the actuation of any heat detector or not more than two smoke detectors of an approved, supervised automatic fire detection system installed in accordance with Section 9.6.</p> <p>(b) The doors unlock upon loss of power controlling the lock or locking mechanism.</p> <p>(c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release</p>	K010038	<p>It is the practice of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done: <i>The corrective action taken for the residents found to have been affected by the deficient practice was:</i> No residents affected by the deficient practice. <i>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</i> No residents affected by the deficient practice. <i>The measures put into place and a systemic change made to ensure the deficient practice does not recur is:</i> The northwest exit door was fixed by a contractor and is now working properly with a 15-second egress. The facility performed an audit and checked all other exit doors to make sure they are working properly. <i>To ensure the deficient practice does not recur, the monitoring system established is:</i> A performance indicator has been established which will evaluate compliance with exit access so that all exit doors are working properly. The maintenance director or designee will complete the indicator twice a week for the first month and then weekly thereafter with results forwarded to the facility</p>	04/18/2014
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	<p>device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted.</p> <p>(d) On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 inch high and at least 1/8 inch in stroke width on a contrasting background that reads: "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". This deficient practice could affect any resident, staff or visitor who use the northwest exit.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility on 03/19/14 at 1:45 p.m., the northwest exit door was provided with a fifteen second delay with proper signage, but when force was applied to the releasing device on the door, an audible signal was not initiated and the doors did not release. Based on interview at the</p>		performance improvement committee for further evaluation or resolution.				

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	time of observation, the Maintenance Director acknowledged the door did not release.  3.1-19(b)				

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K010067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 7 of 7 fire dampers throughout the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director from 12:30 p.m. to 2:30 p.m. on 03/19/14, the facility had at least seven fire dampers located in the</p>	K010067	<p>It is the practice of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done: <i>The corrective action taken for the residents found to have been affected by the deficient practice was:</i> No residents affected by the deficient practice. <i>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</i> No residents affected by the deficient practice. <i>The measures put into place and a systemic change made to ensure the deficient practice does not recur is:</i> The facility has scheduled a contract company to come to the facility to have the fire dampers inspected. Any recommendations by the contract company if any will be followed up by the facility with the contract company. <i>To ensure the deficient practice does not recur, the monitoring system established is:</i> The inspection of the fire dampers will be added to the facilities preventative maintenance program. The scheduled visit with or without recommendations will be forwarded to the performance</p>	04/18/2014			

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	<p>HVAC return air vents in the employee lounge, community room, the corridor outside the laundry, the main dining room, the parlor room, the corridor outside the assisted dining room and in the assisted dining room. Based on interview during the time of observations, the Maintenance Director acknowledged there was no documentation regarding fire damper inspection and service within the past four years.</p> <p>3.1-19(b)</p>		improvement committee for further evaluation or resolution.	

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K010147 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure high current draw electrical devices were not plugged into power strips as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director from 12:30 p.m. to 2:30 p.m. during a tour of the facility on 03/19/14, the following was noted:</p> <p>a. A microwave and refrigerator were plugged into a power strip in the medical records office.</p> <p>b. A refrigerator was plugged into a power strip in the therapy office.</p> <p>c. A refrigerator was plugged into a power strip in the staff development office.</p> <p>Based on interview at the times of</p>	K010147	<p>It is the practice of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done: <i>The corrective action taken for the residents found to have been affected by the deficient practice was:</i> No residents affected by the deficient practice. <i>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</i> No residents affected by the deficient practice. <i>The measures put into place and a systemic change made to ensure the deficient practice does not recur is:</i> All areas of concern have been addressed by either removing the microwaves or refrigerators or plugging them into the wall outlet. All the offices have been inspected and fixed if necessary by the maintenance director. An in-service for all department managers was performed regarding high current draw electrical devices not being plugged into a power strip. <i>To ensure the deficient practice does not recur, the monitoring system established is:</i> A performance indicator has been established which will evaluate compliance with high draw electrical devices not plugged into power strips.</p>	04/18/2014			

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	<p>observation, the Maintenance Director acknowledged the aforementioned conditions.</p> <p>3.1-19(b)</p>		<p>The maintenance director or designee will complete the indicator weekly for the first month and then monthly thereafter with results forwarded to the facility performance improvement committee for further evaluation or resolution.</p>	