

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155616	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER ROBERT E LEE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150
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K 0000 Bldg. 01	<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: 04/12/16</p> <p>Facility Number: 001145 Provider Number: 155616 AIM Number: 200120200</p> <p>At this Life Safety Code survey, New Albany Nursing and Rehabilitation Center 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 two story facility with a partial basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus, the facility has smoke detectors hard wired to the nurses call</p>	K 0000		

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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K 0017 SS=E Bldg. 01	<p>system in all resident sleeping rooms. The facility has a capacity of 122 and had a census of 83 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/15/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5 Based on observation and interview, the facility failed to ensure 2 of 6 open use areas were separated from the corridor by walls constructed with at least a thirty minute fire resistance rating extending from the floor to the roof/floor above or</p>	K 0017	<p>1 No Residents were affected</p> <p>2 Complete Environmental rounds were conducted to ensure no other Sprinkler Heads were in need of replacement None were identified</p> <p>3 On 4/15/16 SafeCare replaced the 4 Sprinkler Heads identified in</p>	04/15/2016

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	<p>met an Exception. LSC 19.3.6.1, Exception #1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system shall be permitted to have spaces unlimited in size open to the corridor, provided the following criteria are met:</p> <p>(a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, or the smoke compartment in which the space is located is protected throughout by quick response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect any number of residents, as well as staff and visitors while in the front lounge area.</p> <p>Findings include:</p> <p>Based on observation on 04/12/16 at 12:30 p.m. during a tour of the facility with the Maintenance Director, the front entrance lobby and the front entrance</p>		<p>the Kitchen washroom and the 2 Sprinkler Heads identified in the Therapy Department</p> <p>4 All Sprinkler Heads will be reviewed during monthly Environmental rounds any areas of concern will be addressed immediately Environmental rounds will be reviewed by the QA Committee monthly to ensure compliance</p>	

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K 0062 SS=E Bldg. 01	<p>reception area were open to the corridor. Exception #1 requirement (c) of LSC 19.3.6.1 was not met as follows: The front entrance lounge and the front entrance reception area were not protected by an electrically supervised automatic smoke detection system, or the entire space was not arranged and located to allow direct supervision by the facility staff from the nurses' station or similar staffed space. Furthermore, Exception #1 (b) of LSC 19.3.6.1 was not met as follows: The two corridors onto which the two spaces open in the same smoke compartment were not protected by an electrically supervised automatic smoke detection system, or the smoke compartment was not protected throughout by quick response sprinklers. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 6 of over 1000 sprinkler heads in the facility were free of</p>	K 0062	<p>1 No Residents were affected 2 All areas of the facility were reviewed for appropriate placement of smoke detectors</p>	04/20/2016			

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	<p>corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect mostly staff while in the kitchen dishwashing area and residents, staff and visitors while in the Physical Therapy gym.</p> <p>Findings include:</p> <p>Based on observations on 04/12/16 between 12:30 p.m. and 2:30 p.m. during a tour of the facility with Maintenance Director, the following was noted:</p> <p>a. 4 of 4 sprinkler heads in the kitchen dish washing area were covered with corrosion</p> <p>b. 2 of 8 sprinkler heads in the Physical Therapy gym were covered with corrosion.</p> <p>This was acknowledged by Maintenance Director at the time of observations.</p> <p>3.1-19(b)</p>		<p>Additional smoke detectors were added to the Activity Room 3 New Smoke Detectors were added to the areas identified in the Survey (6) New Smoke Detectors were installed by Simplex on 4/20/16 4 Smoke Detectors will be monitored during monthly Environmental Rounds to ensure proper placement/working order Any areas of concern will be addressed immediately and Environmental Rounds will be reviewed monthly by the QA Committee to ensure Compliance</p>		