

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155176	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
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NAME OF PROVIDER OR SUPPLIER GLENBROOK REHABILITATION & SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3811 PARNELL AVE FORT WAYNE, IN 46805
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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: 09/08/15</p> <p>Facility Number: 000092 Provider Number: 155176 AIM Number: 100266090</p> <p>At this Life Safety Code survey, Glenbrook Rehabilitation and Skilled Nursing 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 one story facility with a basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Battery operated smoke detectors have been installed in the resident rooms. The</p>	K 0000		
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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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K 0025 SS=E Bldg. 01	<p>facility has a capacity of 82 and had a census of 71 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. All areas providing facility services are sprinklered.</p> <p>Quality Review completed 09/10/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide a one hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of</p>	K 0025	<p>1.The identified penetrations were sealed with fire caulk in the Administrators office, storage closet and Nurse station.</p> <p>2.All barrier penetrations been reviewed for appropriate caulking. All residents have the potential to be affected.</p> <p>3.The Maintenance Director was educated by the Executive Director on 9/15/2015 that all penetrations in smoke and fire barriers need sealed. He was also educated to follow up on all service or contractor work to</p>	09/18/2015

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	<p>maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 30 residents in 2 of 7 smoke compartments.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Supervisor and Administrator on 09/08/15 between 9:10 a.m. and 12:00 p.m., the following unsealed or improperly sealed penetrations were noted:</p> <p>a.) in the ceiling of the closet located in the administrator's office, there was an unsealed penetration measuring two inches in diameter around data wires.</p> <p>b.) in the ceiling of the north hall nurses' station, there was an unsealed penetration measuring one fourth of an inch in size around the fire alarm panel wires.</p> <p>c.) in the ceiling of the store closet across from the administrator's office, there was a penetration sealed with white caulk.</p> <p>Based on interview at the time of observation, the Maintenance Supervisor and Administrator acknowledged and provided the measurements of the penetrations. Also, the Maintenance Director and the Administrator did not</p>		<p>ensure compliance is met.</p> <p>4. The Maintenance Director will check barriers quarterly with his routine fire checks. Maintenance Director will report findings to CQI committee for appropriate follow up for at least 6 months. If 100% threshold is not met and action plan will be developed</p> <p>5. September 18th, 2015</p>		

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K 0029 SS=E Bldg. 01	<p>know if the white caulk was an approved material and did not have the documentation to show if the caulk met the requirements for use in through penetration fire stop systems.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Bio-Hazard/Soiled Linen rooms, a hazardous area, was smoke resistive. This deficient practice could affect 25 residents in the 100 hall.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 09/08/15 at 11:00 a.m., in the Bio-Hazard/Soiled Linen room on the</p>	K 0029	<p>1.The identified soiled utility room penetrationswere fixed with fire caulk.</p> <p>2.All barrier penetrations been reviewed forappropriate caulking. All residents have the potential to be affected.</p> <p>3.The Maintenance Director was educated by theExecutive Director on 9/15/2015 that all penetrations in smoke and firebarriers need sealed. He was also educated to follow up on all service orcontractor work to ensure compliance is met.</p> <p>4.The Maintenance Director will check barriersquarterly with his</p>	09/18/2015	

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K 0056 SS=E Bldg. 01	<p>100 hall, there were three unsealed penetration measuring a fourth of an inch around conduit. Based on interview at the time of observation, the Maintenance Supervisor acknowledged and provided the measurement of the penetration.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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 a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Edition, Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, Section 5-6.3.4, " Minimum Distance</p>	K 0056	<p>routine fire checks. Maintenance Director will report findings to CQI committee for appropriate follow up for at least 6 months. If 100% threshold is not met and action plan will be developed 5. September 18th, 2015</p> <p>1. The sprinkler heads were reconfigured to meet code by Shambaugh and Sons. 2. All sprinkler head were reviewed and are up to code. All residents have the potential to be affected. 3. The Maintenance Director was educated by the Executive Director on 9/15/2015 that all</p>	09/18/2015

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K 0062	<p>between Sprinklers " , states sprinklers shall be spaced not less than 6 feet on center. In addition, LSC 19.1.1.4.5 requires minor renovations, alterations, modernizations, or repairs shall not reduce life safety below the level that previously existed. This deficient practice could affect 12 residents in the 200 hall.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Supervisor on 09/08/15 at 10:53 a.m., in the MDS office there was a sprinkler line extending three feet from the wall in to the room. There was a sidewall sprinkler head attached to the end of the sprinkler line. Located in the center of the sprinkler line was a pendent sprinkler head 13 inches apart from the sidewall sprinkler. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the configuration of the room had been changed and provided the measurements.</p> <p>3.1-19(b)</p> <p>NFPA 101</p>		<p>sprinklers need reviewed concerning meetingcode post any renovations. He was also educated to follow up on all service orcontractor work to ensure compliance is met.</p> <p>4. The Maintenance Director will check sprinklersquarterly with his routine fire checks. Maintenance Director will reportfindings to CQI committee for appropriate follow up for at least 6 months. If100% threshold is not met and action plan will be developed</p> <p>5. September 18th, 2015</p>				

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SS=B Bldg. 01	<p>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 replace 1 of 3 sprinklers in room 311 which had been painted. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect up to 2 residents in room 311.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Administrator on 09/08/15 at 9:33 a.m., one of three automatic sprinklers in room 311 had paint on the fusible link. Based on interview at the time of observation, the Administrator acknowledged the paint on the sprinkler head</p>	K 0062	<p>1.The identified sprinkler head was replaced by Shambaughand Sons</p> <p>2.All sprinkler head were reviewed and are up tocode. All residents have the potential to be affected.</p> <p>3.The Maintenance Director was educated by theExecutive Director on 9/15/2015 that all sprinklers need reviewed concerning meetingcode post any renovations. He was also educated to follow up on all service orcontractor work to ensure compliance is met.</p> <p>4.The Maintenance Director will check sprinklers quarterly with his routine fire checks. Maintenance Director will reportfindings to CQI committee for appropriate follow up for at least 6 months. If100% threshold is not met and action plan will be developed</p> <p>5.September 18th, 2015</p>	09/18/2015	
K 0074 SS=B Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle</p>				

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	<p>curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sets of curtains located in the conference room was flame retardant. This deficient practice could affect 9 residents near the conference room.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Supervisor on 09/08/15 at 10 40 a.m., there was a sets of curtains covering a dry erase board in the conference room. Upon inspection of the curtains, no flame retardant rating was found. Based on interview at the time of observation, the Maintenance Supervisor indicated there was no documentation regarding flame</p>	K 0074	<p>1.The identified curtains were sprayed with a fireretardant product.</p> <p>2.All remaining curtains were reviewed with no further issue noted. All residents have the potential to be affected.</p> <p>3.The Maintenance Director was educated by the Executive Director on 9/15/2015 that all curtains need to be fire rated prior to install. He was also educated to follow up on all service or contractor work to ensure compliance is met.</p> <p>4.The Maintenance Director will check curtains quarterly with his routine fire checks to ensure there are no changes made. Maintenance Director will report findings to CQI committee for appropriate follow up for at least 6 months. If 100% threshold is not met and action plan will be</p>	09/18/2015

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

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	retardants for the curtains. 3.1-19(b)		developed 5.September 18th, 2015		