STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A011	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/27/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESPECIALLY KIDZ HEALTH & REHAB	2325 S MILLER ST SHELBYVILLE, IN 46176

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010000	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). Survey Date: 02/27/13 Facility Number: 000273 Provider Number: 15A011 AIM Number: 100267870 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Especially Kidz Health & Rehab was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the National Fire Protection Association (NFPA) 101, Life Safety Code(LSC) and 410 IAC 16.2. The original building with twenty seven resident rooms, consisting of everything but the south hall was surveyed with Chapter 19, Existing Health Care Occupancies. 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	K010000	Please accept this plan of correction as our means of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER ESPECIALLY KIDZ HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 2325 S MILLER ST SHELBYVILLE, IN 46176	

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	corridors and spaces open to the corridors. There were battery powered smoke detectors in the twenty seven resident rooms in the original portion of the facility. The facility has a capacity of 130 and had a census of 123 at the time of this survey. All areas where residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for the garage used for facility storage. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/06/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K010017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend 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 the 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, 19.3.6.2.1, 19.3.6.5 Based on observation and interview, the facility failed to ensure 1 of 1 open use areas was separated from the corridor, or met an Exception. LSC 19.3.6.1, Exception # 1, Spaces shall be permitted to be unlimited in area and open to the corridor, provided the following criteria are met: (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 in accordance with 19.3.4, 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	K010017	Battery operated smoke detector now installed in receptionist area (3-10-2013) Preventative maintenance log developed to monitor said smoke detector. A smoke detector that will be an integral part of the fire alarm system will be installed by 3-19-2013. This new detector will be connected electonically to the main fire panel by safe care. This area will then be monitored electronically continously. At this point, this detector will be tested for sensitivity with all other detectors in the building. Administrator and Director of Maintenance implemented and will monitor. (See exhibit A)	03/19/2013

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NAME OF PROVIDER OR SUPPLIER ESPECIALLY KIDZ HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 2325 S MILLER ST SHELBYVILLE, IN 46176	

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	detection system in accordance with 18.3.4, 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 26 residents adjacent to the Front Reception office by the front entrance as well as visitors and staff. Findings include: Based on observation on 02/27/13 at 2:04 p.m. with the Maintenance Supervisor, the Reception office next to the front entrance had sliding glass windows separating the office from the corridor and was open to the corridor. Exception # 1, requirement (c) of the Life Safety Code, Chapter 19.3.6.1 was not met as follows: the open area was not protected by an automatic smoke detection system or arranged to allow direct supervision by facility staff from a continuously staffed area such as a nurses' station. Based on interview on 02/27/13 at 12:06 p.m. with the Maintenance Supervisor, it was acknowledged the Reception office which was open to the corridor without supervision from the nurse's station was not protected by automatic smoke detection.			

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	3.1-19(b)			

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K010050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all occupants in the facility including staff, visitors and residents. Findings include: Based on review of Fire Drill Reports on 02/27/13 at 4:04 p.m. with the Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months from 01/12 to 01/13 indicated the fire alarm	K010050	All fire drills activate the alarm system. When a drill is finished and the system ir reset, after the all clear is sounded, the monitoring company will be called within 15 minutes verifying the alarm was received and to verify that we are back to being monitored. The fire drill report has been modified to document the monitoring company verifying the alarm. The administrator will not sign the report until the verification is followed and documented. The administrator implemented said plan and will monitor monthly fire drills and reports. (See exhibit B)	03/11/2013

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	system had been activated, but the verification of the transmission of the signal was not documented. Based on interview on 02/27/13 at 4:05 p.m., it was acknowledged by Maintenance Supervisor none of the fire drill reports documented the transmission of the signal was received by the monitoring station. 3.1-19(b) 3.1-51(c)			

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K010062 SS=F	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 Based on record review and interview, the facility failed to ensure 1 of 1 private fire hydrants was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents. Findings include: Based on review of Fire Safety reports on 02/27/13 at 4:30 p.m. with the Maintenance Supervisor, the facility lacked documentation of a current annual inspection for the one private fire hydrant on the facility's property. The last inspection was done 08/22/11. Based on interview on 02/27/13 at 4:31 p.m., it was acknowledged by the Maintenance Supervisor an inspection of the fire	K010062	Fire hydrant flushed and tested for pressure (See exhibit C). Hydrant flush is now included in the preventative maintenance log to be flushed every 12 months by a quilified company. (See exhibit D) Director of Maintenance and administrator implemented plan and will monitor.	02/28/2013

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	hydrant had not been done for 2012. 3.1-19(b)			

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K010067 SS=E	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 Based on observations and interview, the facility failed to ensure 27 of 41 resident rooms were not using the corridor as a portion of a return air system/plenum for the heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect 108 residents as well as visitors and staff in the facility. Findings include: Based on observation on 02/27/13 during a tour of the facility between 1:33 p.m. and 3:45 p.m. with the Maintenance Supervisor, the twenty seven resident rooms located in the original portion of the facility were using the egress corridors as a return air system. Based on interview on 02/27/13 concurrent with the observations with the Maintenance Supervisor, it was confirmed the return air	K010067	Waiver applied for. Please see attached waiver.	03/19/2013

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	was exhausted into the corridor for the aforementioned resident rooms. 3.1-19(b)			

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K010076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 Based on observation and interview, the facility failed to provide a storage location for 1 of 1 bulk liquid oxygen containers 50 feet from buildings of wood frame construction. NFPA 50, Standard for Bulk Oxygen Systems at 2-2.1.1 requires bulk storage be at least fifty feet from buildings of wood frame construction. This deficient practice could affect all residents as well as visitors and staff. Findings include: Based on observation on 02/27/13 at 3:05 p.m. with the Maintenance Supervisor and Administrator, one fifteen hundred gallon bulk liquid oxygen container containing one hundred and seventy two thousand cubic feet of oxygen in the fifteen hundred gallon container was located outside the South Back Girls hall. Based on telephone interview on 02/28/13 at 12:07 p.m. with facility staff, the bulk	K010076	Temporary waiver applied for. After consulting Life Gas and CHT facility, we decided to follow their recommendation. A 15 foot wall, surrounding three sides will be built using 8 inch cinderblock filled with concrete. The only open side will be the one facilg away from the facility. Work is being left for bids currently. All work is planned for a completion date of 6-30-13.	06/30/2013

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	liquid oxygen container was measured to be twenty five and one half feet from the nearest point of the facility. 3.1-19(b)			

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K010144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure. Findings include: Based on review of Generator Log records on 02/27/13 at 4:33 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview	K010144	Generator tested for power transfer. From tested power interruption to automatic activation of emergency generator and power transfer was six seconds. Generator log has been modified to include the observation of power transfer and documented of said transfer monthly. (See exhibit E) Director of maintenance and administrator implemented and are monitoring the plan.	03/14/2013

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	on 02/27/13 at 4:35 p.m. with the Maintenance Supervisor, it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and the Maintenance Supervisor was unaware it needed to documented. 3.1-19(b)			

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K020000	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). Survey Date: 02/27/13 Facility Number: 000273 Provider Number: 15A011 AIM Number: 100267870 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Especially Kidz Health & Rehab was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The south hall consisting of rooms 17 through 30 was surveyed with Chapter 18, New Health Care Occupancies. 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, spaces open to the corridors and hard wired smoke detectors in all	K020000	Please accept this plan of correction as our means of compliance.	

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	resident rooms on the new south hall. The facility has a capacity of 130 and had a census of 127 at the time of this survey. All areas where residents have cutomary access were sprinklered. All areas which provide facility services were sprinklered except for the garage used for facility storage. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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NAME OF PROVIDER OR SUPPLIER ESPECIALLY KIDZ HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 2325 S MILLER ST SHELBYVILLE, IN 46176	

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K020050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all occupants in the facility including staff, visitors and residents. Findings include: Based on review of Fire Drill Reports on 02/27/13 at 4:04 p.m. with Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months from 01/12 to 01/13 indicated the fire alarm system had been	K020050	All fire drills activate the alarm system. When a drill is finished and the system ir reset, after the all clear is sounded, the monitoring company will be called within 15 minutes verifying the alarm was received and to verify that we are back to being monitored. The fire drill report has been modified to document the monitoring company verifying the alarm. The administrator will not sign the report until the verification is followed and documented. The administrator implemented said plan and will monitor monthly fire drills and reports. (See exhibit B)	03/11/2013

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	activated, but the verification of the transmission of the signal was not documented. Based on interview on 02/27/13 at 4:05 p.m., it was acknowledged by Maintenance Supervisor none of the fire drill reports documented the transmission of the signal was received by the monitoring station. 3.1-19(b) 3.1-51(c)			

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K020062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on record review and interview, the facility failed to ensure 1 of 1 private fire hydrants was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents. Findings include: Based on review of Fire Safety reports on 02/27/13 at 4:30 p.m. with the Maintenance Supervisor, the facility lacked documentation of a current annual inspection for one private fire hydrant on the facility's property. The last inspection was done 08/22/11. Based on interview on 02/27/13 at 4:31 p.m., it was acknowledged by the Maintenance Supervisor an inspection of the fire	K020062	Fire hydrant flushed and tested for pressure (See exhibit C). Hydrant flush is now included in the preventative maintenance log to be flushed every 12 months by a quilified company. (See exhibit D) Director of Maintenance and administrator implemented plan and will monitor.	02/28/2013

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	hydrant had not been done for 2012. 3.1-19(b)			

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K020076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 Based on observation and interview, the facility failed to provide a storage location for 1 of 1 bulk liquid oxygen containers 50 feet from buildings of wood frame construction. NFPA 50, Standard for Bulk Oxygen Systems at 2-2.1.1 requires bulk storage be at least fifty feet from buildings of wood frame construction. This deficient practice could affect all residents as well as visitors and staff. Findings include: Based on observation on 02/27/13 at 3:05 p.m. with the Maintenance Supervisor and Administrator, one fifteen hundred gallon bulk liquid oxygen container containing one hundred and seventy two thousand cubic feet of oxygen in the fifteen hundred gallon container was located outside the South Back Girls hall. Based on telephone interview on 02/28/13 at 12:07 p.m. with facility staff, the bulk	K020076	Temporary waiver applied for. After consulting Life Gas and CHT facility, we decided to follow their recommendation. A 15 foot wall, surrounding three sides will be built using 8 inch cinderblock filled with concrete. The only open side will be the one facilg away from the facility. Work is being left for bids currently. All work is planned for a completion date of 6-30-13.	06/30/2013

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	liquid oxygen container was measured to be twenty five and one half feet from the nearest point of the facility. 3.1-19(b)			

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K020144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure. Findings include: Based on review of Generator Log records on 02/27/13 at 4:33 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview	K020144	Generator tested for power transfer. From tested power interruption to automatic activation of emergency generator and power transfer was six seconds. Generator log has been modified to include the observation of power transfer and documented of said transfer monthly. (See exhibit E) Director of maintenance and administrator implemented and are monitoring the plan.	03/14/2013

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	on 02/27/13 at 4:35 p.m. with the Maintenance Supervisor, it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and the Maintenance Supervisor was unaware it needed to documented. 3.1-19(b)			