STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED
	155404		09/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESSEX NURSING AND REHABILITATION CENTER	301 W ESSEX ST LEBANON, IN 46052

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K 0000 Bldg. 01	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: 09/30/15 Facility Number: 000291 Provider Number: 155404 AIM Number: 100286710 At this Life Safety Code survey, Essex 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. This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity of	K 0000	Neither signing nor submission of this plan of correction shall constitute an admission of any deficiency or of fact or conclusion set forth in the "Statement of Deficiencies." This plan of correction is being submitted in good faith by the facility because it is the law.	

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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	38 and had a census of 28 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has four detached equipment storage buildings which were not sprinklered. Quality Review completed 10/05/15 - DA			
K 0025 SS=E Bldg. 01	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 Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide at least a one half hour fire resistance rating. This deficient practice could affect 18 residents, staff and visitors in the vicinity of Room 11. Findings include: Based on observation with the Maintenance Supervisor during a tour of	K 0025	A The hole noted in the corridor ceiling outside of room 11 was sealed with fire caulk. B All residents have the potential to be affected, but none were identified. C Observed openings have been sealed with fire caulk. D Monitoring of this tag will be done by the maintenance man	10/24/2015

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NAME OF PROVIDER OR SUPPLIER: ESSEX NURSING AND REHABILITATION CENTER

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	the facility from 10:55 a.m. to 12:15 p.m. on 09/30/15, a five inch by ten inch hole in the corridor ceiling outside Room 11 by the ceiling mounted HVAC and heat pump unit exposed the interstitial space between the ceiling and the flat roof above and failed to maintain at least a one half hour fire resistance rating for the ceiling. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned hole in the ceiling failed to maintain at least a one half hour fire resistance rating for the ceiling smoke barrier. 3.1-19(b)		when he does his monthly PM's for heat and air conditioner filters.	
K 0048 SS=D Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review, observation and interview; the facility failed to include the use of the kitchen range hood fire	K 0048	A Fire Safety policy has been secured which outlines the purpose and use of the K series fire	10/24/2015

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	suppression system in relation to kitchen fire extinguishers for 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice could affect 2 staff in the kitchen. Findings include: Based on review of "Fire & Disaster Manual: Fire Policy & Procedure" documentation dated 03/18/15 with the Maintenance Supervisor during record review from 9:15 a.m. to 10:55 a.m. on 09/30/15, the written fire safety plan did not address the use of the kitchen range hood fire suppression system in relationship with the use of the kitchen K class fire extinguisher. The aforementioned written fire safety plan stated "for grease fires use the K Class fire extinguisher located in the kitchen"		extinguisher. B All residents have the potential to be affected, but none were identified. C In a staff inservice held on 10-8-15, training was conducted to educate the staff as to the policy and procedure of the K series fire extinguisher. Kitchen staff has been educated as to the policy and procedure of the K series fire extinguisher. D Maintenance man will complete monthly checks of the K series fire extinguisher and educate staff to the use and effectiveness of this equipment.	

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	and contained no statement on the use of the range hood suppression system. Based on interview at the time of record review, the Maintenance Supervisor stated the kitchen range hood is equipped with a fire suppression system, a K Class fire extinguisher is also located in the kitchen and acknowledged the written fire safety plan did not address the use of the range hood suppression system in relationship with the use of the K Class fire extinguisher. Based on observation with the Maintenance Supervisor during a tour of the facility from 10:55 a.m. to 12:15 p.m. on 09/30/15, one K class fire extinguisher was located in the kitchen and a placard was conspicuously placed near the extinguisher which stated the range hood fire protection system shall be activated prior to using the K Class fire extinguisher. 3.1-19(a)			
K 0130 SS=F	NFPA 101 MISCELLANEOUS			

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Bldg. 01	OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program for battery operated smoke detectors installed in 18 of 18 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of "Battery Check Smoke Detector (Monthly Inspection by Facility)" documentation with the Maintenance Supervisor during record review from 9:15 a.m. to 10:55 a.m. on 09/30/15, documentation of an itemized list by location of annual battery operated smoke detector cleaning for the most recent twelve month period was not available for review. Based on interview at the time of record review, the Maintenance Supervisor stated the aforementioned monthly battery operated smoke detector testing documentation only includes functional testing of the detectors and acknowledged documentation of an itemized list by location of annual battery operated smoke detector cleaning for the most recent	K 0130	A Policy and procedure for Battery Operated Smoke Detectors has been revised to include the word cleaning. All smoke detectors were cleaned on October 5, 2015. B All residents have the potential to be affected, but none were identified. C Policy revised to include cleaning monthly when the batteries are checked. D Maintenance man will document monthly that the fire alarm batteries have been checked and cleaned, this form will be added to the PM Manual. Policy change will be directed to the QA committee for approval.	10/24/2015

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	twelve month period was not available for review. Based on observations with the Maintenance Supervisor during a tour of the facility from 10:55 a.m. to 12:15 p.m. on 09/30/15, Kidde Smoke Alarm Model i9050 battery operated smoke detectors are installed in each of 18 resident sleeping rooms in the facility. Manufacturer's instructions affixed to the back of the battery operated smoke detector in Resident Room 15 stated to clean the detector's sensor annually. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged annual battery operated smoke detector cleaning documentation for the most recent twelve month period was not available for review. 3.1-19(a)			
K 0144 SS=F Bldg. 01	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. 1. Based on observation and interview, the facility failed to ensure overcurrent protective devices in Emergency Power	K 0144	A 1 The generator transfer switch box located on the outside of the facility has had a lock installed.	10/24/2015

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	Supply Systems (EPSS) circuits were accessible only to authorized persons. Chapter 3-4.4.1.1 of NFPA 99 states the generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be maintained in accordance with NFPA 110. NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition, 4-5.3 states overcurrent devices in EPSS circuits shall be accessible to authorized persons only. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observations with the Maintenance Supervisor during a tour of the facility from 10:55 a.m. to 12:15 p.m. on 09/30/15, the emergency generator transfer switch is located outside the facility next to the emergency generator in an unlocked metal cabinet affixed to the exterior west wall of the building. Facility operations powered by the emergency generator are located in one unlocked breaker panel next to the transfer switch. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the emergency generator transfer switch and facility operations powered by the emergency generator are located in		2 The transfer switch time has been added to the monthly record so that transfer time is now recorded. B All residents have the potential to be affected, but none were identified. C A new form has been secured to record the time for transfer on the monthly test. D The Maintenance man will record monthly the time for the transfer from house power to generator power.	

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	unlocked metal cabinets outside the facility and were not assured of being accessible only to authorized persons. 3.1-19(b) 2. Based on record review and interview, the facility failed to ensure emergency power would be transferred to the emergency generator within 10 seconds of building power loss for 1 of 1 emergency generators. NFPA 99, 3-4.1.1.8 states generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of "Weekly Generator Systems Service & Testing" documentation with the Maintenance Supervisor during record review from 9:15 a.m. to 10:55 a.m. on 09/30/15, documentation for emergency power transfer time for the eight month period			

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	of January 2015 through August 2015 for the emergency generator serving the facility was not available for review. Based on interview at the time of record review, the Maintenance Supervisor stated no additional emergency power transfer time documentation was available for review and acknowledged emergency power transfer time was not documented for the eight month period of January 2015 through August 2015 for the emergency generator. 3.1-19(b)			
K 0154 SS=C Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 28 of 28 residents. LSC 9.7.6.2 requires sprinkler	K 0154	A Policy has been revised in the Disaster Manual fire watch to include notification to the Insurance Company and the Alarm company when the automatic sprinkler system is out of service for four hours or more in a 24 hour period.	10/24/2015

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	impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of "Fire & Disaster Manual: Fire Watch" documentation dated 03/18/15 with the Maintenance Supervisor during record review from 9:15 a.m. to 10:55 a.m. on 09/30/15, the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the alarm company and the insurance carrier. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the alarm company and the insurance carrier.		B All residents have the potential to be affected, but none were identified. C Policy has been revised to include notification to the Insurance Carrier and Alarm Company in the fire watch policy when the automatic sprinkler system is to be out of service for four hours in a 24 hour period. D Policy revision will be sent to the QA committee for approval.	

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	3.1-19(b)			