

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155618	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/07/2015
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NAME OF PROVIDER OR SUPPLIER  MANOR CARE HEALTH SERVICES SUMMER TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 12999 N PENNSYLVANIA ST CARMEL, IN 46032
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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: 01/07/15</p> <p>Facility Number: 001149 Provider Number: 155618 AIM Number: 200145500</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manor Care Health Services Summer Trace 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 was determined to be of Type I (332) 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</p>	K010000	<p>The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance.</p> <p>All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.</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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K010018 SS=E	<p>resident rooms. The facility has a capacity of 104 and had a census of 61 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 01/15/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 14 corridor doors on East hall would not allow the</p>	K010018	<b>K 018</b> It is the practice of this facility to comply with K 018	02/06/2015			

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	<p>passage of smoke into the corridor. This deficiency could affect 14 residents on East hall west as well as visitors and staff.</p> <p>Finding include:</p> <p>Based on observation 01/07/15 at 12:47 p.m. with the Maintenance Supervisor, there was a one foot by two foot metal louvered opening in the bottom of the corridor door leading into the Elevator Mechanical room adjacent to East hall which was not sealed off and would allow the passage of smoke into the corridor. Based on interview on 01/07/15 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned opening in the door leading to the Elevator Mechanical room would allow the passage of smoke into the escape route corridor.</p> <p>3.1-19(b)</p>		<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The cited 1 of 14 doors has been repaired to prevent the passage of smoke in the event of a fire. The one foot by two foot metal louvered opening in the bottom of the corridor door has been sealed off preventing passage of smoke.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b></p> <p>Residents who reside in this facility have the potential to be affected by this alleged finding. All doors now prevent the passage of smoke as required. Upon inspection, there were no other doors that would allow the passage of smoke.</p>	

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K010051 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved		<p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>The maintenance supervisor or his designee will monitor all doors with a louver on regular rounds to ensure that it will not allow the passage of smoke into the corridor.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</b></p> <p>The maintenance director or his designee will monitor all doors with a louver at least 1X per month to ensure that it will not allow the passage of smoke into the corridor.</p>	

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	<p>components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>1. Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 01/07/15 at 12:56 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker located in the Hot room on West</p>	K010051	<p><b>K 051</b> It is the practice of this facility to comply with K 051 <b>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> The circuit breaker was corrected and labeled with a red marking to say Fire Alarm Circuit Control and a smoke detector has been installed in the Hot Room. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b> Residents who reside in this facility have the potential to be affected by this alleged finding. This has been corrected. <b>What measures will be put into place or what systemic</b></p>	02/06/2015			

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	<p>hall lacked full identification. Inside the panel on a sheet of paper was a legend identifying breakers 20 and 22 as disconnect fo the fire alarm control panel (FACP). Based on interview on 01/07/15 at 12:57 p.m. with the Maintenance Supervisor, it was acknowledged the legend identifying the circuit breaker was incorrect and only breaker 20 controlled the FACP and it was not labeled with red marking to say Fire Alarm Circuit Control.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 auxilliary fire alarm control panels located in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 9.6.2.10 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect any resident as well as staff, and visitors.</p> <p>Findings include:</p>		<p><b>changes will be made to ensure that the deficient practice does not recur?</b> The maintenance supervisor or his designee will monitor the circuit breaker and smoke detector and ensure the red marking remains in place and the smoke detector operates correctly. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</b> The maintenance director or his designee will monitor the circuit breaker at least 1X monthly to ensure the red marking remains in place and the smoke detector operates correctly.</p>				

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K010052 SS=F	<p>Based on observation on 01/07/15 at 12:45 p.m. with the Maintenance Supervisor, the auxilliary fire alarm control panel located in the Hot room on West hall was not electrically supervised by a smoke detector. Based on interview on 01/07/15 at 12:47 p.m. with the Maintenance Supervisor it was acknowledged the auxilliary fire alarm panel located in the Hot room was not provided with smoke detector protection.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 3 of 12 manual fire alarm boxes were unobstructed and readily accessible. NFPA 72, National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice could affect all residents as well as visitors and staff.</p>	K010052	<p><b>K 052</b> It is the practice of this facility to comply with K 052 <b>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> All cited manual fire alarm boxes have been moved to the correct side of the exit doors with magnetic locks. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</b></p>	02/06/2015

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K010061 SS=F	<p>Findings include:</p> <p>Based on observations on 01/07/15 during the tour between 11:15 a.m. and 2:30 p.m. with the Maintenance Supervisor the following manual fire alarm boxes were on the other side of exit doors with magnetic locks which were only accessible by the use of a keypad override code which would disengage the magnetically locked doors thus delaying alarm notification to facility occupants.</p> <p>a. North hall first floor stairwell exit b. South hall exit first floor c. East hall exit first floor</p> <p>Based on interview on 01/07/15 concurrent with the observations with the Maintenance Supervisor it was acknowledged the manual fire alarm boxes were not accessible once inside the facility unless the keypad override code was used to first disengage the magnetically locked doors.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 Based on observation and interview, the</p>	K010061	<p><b>action(s) will be taken?</b> Residents who reside in this facility have the potential to be affected by this alleged finding. This has been corrected and the rest of the building has been checked to find any additional manual fire alarm boxes that were improperly located. None were found. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> The maintenance supervisor or his designee will monitor the fire alarm boxes for proper operations and proper locations. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</b> The maintenance director or his designee will monitor manual fire alarm boxes at least 1X monthly to ensure the proper operation and location.</p> <p><b>K 061</b> It is the practice of this facility to comply with K 061</p>	02/06/2015			

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	<p>facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.2.1 requires automatic sprinkler systems shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure and air pressure on dry pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building which is constantly attended by qualified personnel or a an approved, remotely located receiving facility. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/07/15 at 1:37 p.m. with the Maintenance Supervisor, the main sprinkler shut off valve for the sprinkler riser located in the mechanical room on Service hall had a chain connected to the main shut off which was padlocked but did not have an electrically supervised tamper switch on the main</p>		<p><b>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> A tamper switch will be installed on the main sprinkler shut off valve for the sprinkler riser located in the mechanical room on Service hall. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b> Residents who reside in this facility have the potential to be affected by this alleged finding. This will be corrected. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> The maintenance supervisor or his designee will monitor the tamper switch for correct operation. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</b> The maintenance director or his designee will monitor the tamper switch at least 1X monthly to ensure the proper operation.</p>				

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	<p>valve to monitor the integrity of the system. Based on interview on 01/07/15 at 1:38 p.m. with the Maintenance Supervisor, it was acknowledged the facility knew about the need for electrically supervised tamper switches on the main sprinkler valve, but according to their sprinkler vendor were unable to comply.</p> <p>3.1-19(b)</p>				