

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155145	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/29/2013
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NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 603 E NATIONAL HWY WASHINGTON, IN 47501
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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: 05/29/13</p> <p>Facility Number: 000068 Provider Number: 155145 AIM Number: 100274980</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Washington 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 was determined to be of Type V (000) 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 battery operated smoke detectors in all resident sleeping</p>	K010000	<p>K 000</p> <p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</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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	<p>rooms. The facility has a capacity of 140 and had a census of 71 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except one detached wood framed shed with metal siding used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/31/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010018 SS=F	<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 5 of 5 sets of double doors to the corridors were equipped with positive latches and latched into their door frames. This deficient practice could affect up to 71 residents, as well as staff and visitors while in the dining room which was in the same smoke compartment as 4 of the 5 sets of double doors to the corridor.</p> <p>Findings include:</p> <p>Based on observations on 05/29/13 between 11:30 a.m. and 2:00 p.m. during a tour of the facility with the Plant Operations Director, three sets of storage closet double doors and one set of sprinkler riser closet double doors to the</p>	K010018	<p>K 018</p> <p>1. No residents were affected by the five sets of double doors latching mechanisms.</p> <p>2. Positive latches were ordered for all five sets of double doors identified to provide a means suitable for keeping the doors closed.</p> <p>3. The Maintenance Supervisor and or his designee will apply positive latching systems to the five sets of double doors.</p> <p>4. The Maintenance Supervisor will audit all five double doors during routine fire drills for the next 6 months to ensure all doors latch properly into their door frames. Any deficient practice will be immediately corrected.</p>	06/28/2013			

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	<p>corridor in the north unit, plus one set of clean linen storage closet double doors near the rehab unit would latch into each other, however, all five sets of double doors would not latch into their respective door frames automatically, they had to be manually latched with a slide bolt latch located on the side of the door. This was acknowledged by the Plant Operations Director at the time of each observation.</p> <p>3.1-19(b)</p>		<p>Results of the audit will be reviewed in the scheduled Quality Assurance Meeting and the plan adjusted accordingly.</p> <p>5. Completion Date: June 28, 2013</p>		

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K010021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 kitchen service metal rolling doors were held open only by devices arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect up to 71 residents as well as staff and visitors while in the dining room.</p> <p>Findings include:</p> <p>Based on observation on 05/29/13 at 11:00 a.m. during a tour of the facility with the Plant Operations Director, the two metal rolling service doors between the kitchen and dining room were held open with chains which would not allow the doors to close automatically when the fire alarm system is actuated. Based on</p>	K010021	<p>K 021</p> <p>1. No residents were affected by the two kitchen service metal rolling doors.</p> <p>2. Mechanisms to allow one of two metal rolling service doors between the kitchen and dining room were ordered. Maintenance Supervisor will apply and connect to the facility fire alarm system. The other kitchen window is no longer in use and will be covered compliant with fire code and put out of service.</p> <p>3. The Maintenance Supervisor or his designee will apply the mechanism to allow the door to close automatically when the fire alarm system is activated. The other window will be covered and closed as it is no longer in service.</p>	06/28/2013
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	interview at the time of observation, the Plant Operations Director acknowledged the metal roller doors between the kitchen and dining room were held open with a chain and fusible link which would not allow the doors to close automatically when the fire alarm system was actuated. 3.1-19(b)		4. The Maintenance Supervisor will audit the main serving window during routine fire drills for the next 6 months to ensure the window automatically shuts when the fire alarm is activated. He will ensure the other window is covered compliant to fire code. 5. Completion Date: June 28, 2013				

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K010052 SS=F	<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 Based on record review and interview, the facility failed to ensure all fire alarm system components and devices such as smoke detectors were tested at least annually for 1 of 1 fire alarm systems. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, door holder devices, and fire alarm control equipment be tested annually. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the quarterly Fire Alarm System Inspection Reports on 05/29/13 at 10:15 a.m. with the Plant Operations Director present, fire alarm system inspection reports dated 07/30/12, 10/23/12, and 01/29/13 did not include visual and functional testing with a pass or fail result for 55 of 55 smoke detectors. The most recent quarterly fire alarm system inspection report where all smoke</p>	K010052	<p>K 052</p> <p>1. No residents have been affected by the fire alarm system inspection reports.</p> <p>2. The facility had changed vendors that provide the facility fire alarm system inspections; however, the current company has been immediately notified of inspections to include visual and functional testing of all smoke detectors. Inspection of all visual and functional testing of smoke detectors will take place on 06/05/2013 and each scheduled inspection thereafter.</p> <p>3. The Maintenance Supervisor will ensure that each scheduled fire alarm system inspection will also include visual and functional testing of smoke detectors with each report. The smoke detectors will be tested 06/05/2013.</p> <p>4. The Maintenance Supervisor will audit all fire alarm inspection reports to ensure the smoke detectors have been tested for visual and functional compliance</p>	06/28/2013			

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	detectors were tested visually and functionally as well as tested for sensitivity was dated 04/20/12. This was acknowledged by the Plant Operations Director at the time of record review. 3-1.19(b)		for the next 6 months. Any deficient practice will be immediately corrected. Results of the audit will be reviewed in the scheduled Quality Assurance Meeting and the plan adjusted accordingly. 5. Completion Date: June 28, 2013		

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K010069 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned at least semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on review of the rangehood inspection reports on 05/29/13 at 10:45 a.m. with the Plant Operations Director present, documentation for the kitchen range hood showed it was only being</p>	K010069	<p>K 069</p> <p>1. No residents have been affected.</p> <p>2. The certified company was immediately notified by the Maintenance Supervisor to inspect and clean the entire exhaust system semiannually. The range hood was inspected and cleaned 06/02/2013.</p> <p>3. The Maintenance Supervisor will ensure the range hood exhaust system is scheduled for inspection and cleaning on scheduled semi annual service. The range hood was inspected and cleaned on 06/02/2013.</p> <p>4. The Maintenance Supervisor will audit all range hood scheduled service to ensure inspection and cleaning is provided semi-annually for the next 6 months. Any deficient practice will be immediately corrected. Results of the audit will be reviewed in the scheduled Quality Assurance Meeting and the plan adjusted accordingly.</p> <p>5. Completion Date: June 28, 2013</p>	06/28/2013			

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	<p>cleaned once a year. The most recent date the range hood was cleaned was 10/22/12, which is more than a month past due. This was confirmed by the Plant Operations Director at the time of record review.</p> <p>3.1-19(b)</p>			