

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155132	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2013
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NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/20/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/30/13</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this PSR survey, Danville Regional Rehabilitation was found in substantial 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) and 410 IAC 16.2. Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 built prior to</p>	K010000	<p>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiency cited. This submission of this plan of correction is not an admission of or agreement with the deficiency or conclusions contained in the Department's inspection report."</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>March 1, 2003 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 corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 127 and had a census of 81 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached buildings providing facility services which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/30/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010067 SS=B	<p>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</p> <p>Based on record review and interview, the facility failed to ensure 10 of 111 fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects five staff and visitors in the Laundry.</p> <p>Findings include:</p> <p>Based on review of Mowery Heating-Air Conditioning-Plumbing "Fire Damper Inspection" documentation dated 08/08/12 during record review with the Administrator and Maintenance Manager</p>	K010067	<p>This facility does ensure that fire dampers are inspected and provided the necessary maintenance at least every four years in accordance with regulation. On 7/31/2013 the fire dampers missed during the previous inspection on 8/2/2012 were inspected by Mowery Heating-Air Conditioning-Plumbing. This inspection found the fire dampers to be in working order and in compliance with regulation. Inspected fire dampers have been included on floor plan for inclusion in the next inspection which will be done prior to 8/2/2016 as per regulation.</p>	07/31/2013			

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	<p>from 10:00 a.m. to 10:50 a.m. on 07/30/13, documentation of an itemized listing of fire damper location and testing results was not available for review. The Mowery "Fire Damper Inspection" documentation stated "located and serviced 101 fire dampers", "checked for proper operation on each damper" and "replaced fusible links on ones that were missing or not operating". Based on interview at the time of record review, the Administrator stated in July 2013 the Maintenance Manager documented each fire damper location which was tested by Mowery on 08/08/12 on a floor plan for the facility. Based on review of the July 2013 floor plan documenting fire damper locations in the facility with the Administrator at 10:40 a.m. on 07/30/13, a total of 111 fire dampers are located in the facility. Based on telephone interview with the Administrator at 1:00 p.m. on 07/30/13, the Administrator stated ten fire dampers in the Laundry were not tested by Mowery in 08/08/12 and acknowledged it has been more than four years since ten fire dampers located in the Laundry were inspected and provided the necessary maintenance.</p> <p>This deficiency was cited on 06/20/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				

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	3.1-19(b)			

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K020000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/20/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/30/13</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this PSR survey, Danville Regional Rehabilitation Center was found in substantial 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) and 410 IAC 16.2. Building 0202 built in 2010 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the</p>	K020000	"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiency cited. This submission of this plan of correction is not an admission of or agreement with the deficiency or conclusions contained in the Department's inspection report."				

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	<p>building. Building 0202 consists of the walkway addition built after March 1, 2003 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 corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 127 and had a census of 81 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached buildings providing facility services which were not sprinklered.</p>			