

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2013
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NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 606 WALL ST VALPARAISO, IN 46383
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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: 08/29/13</p> <p>Facility Number: 000083 Provider Number: 155166 AIM Number: 100289670</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Valparaiso Care 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.</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in</p>	K010000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review on or after September 9, 2013.</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>resident sleeping rooms. The facility has a capacity of 168 and had a census of 145 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 for two garages and one shed used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/05/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems. NFPA 13, Section 5-6.3.4, Minimum Distance between Sprinklers, states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 26 residents on 200 north hall, 22 residents on 200 south hall and 22 residents on 100 north hall as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/29/13 during the tour between 1:40 p.m. and 2:55 p.m. with the Maintenance Supervisor, the following areas had sprinkler heads which were less than six feet apart:</p>	K010056	<p>K056 Life Safety Code Standard</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? There</p>	09/09/2013	

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	<p>a. The Nursing station on 200 north had two sprinkler heads above the Respiratory nurse's station which were measured to be four feet apart.</p> <p>b. The Employee Breakroom on 200 south had two sprinkler heads above the refrigerator which were measured to be forty three inches apart</p> <p>c. The Therapy room on 100 north had two sprinkler heads next to the entrance door to the Therapy room which were measured to be thirty one inches apart. Based on interview on 08/29/13 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned sprinkler heads observed were less than six feet apart.</p> <p>3.1-19(b)</p>		<p>were no residents cited in regard to this regulation. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All Residents, staff and visitors have the potential to be affected by the alleged deficient practice. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The automatic sprinklers observed that were less than six feet apart in the 200 north nursing station, employee break room and therapy room have been corrected by PIPE. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The sprinkler system will be maintained per state, federal regulations and facility policy.</p>		

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K010143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical outlets was positioned five feet above the floor in the oxygen storage room on East hall where oxygen transfer occurs. NFPA 99, Standard for Health Care Facilities, 1999 Edition, Section 8-3.1.11.2(f) requires electrical fixtures in oxygen storage locations shall meet 4-3.1.1.2(a)11(d) which requires ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 feet above the floor to avoid physical damage. This deficient practice could affect an 10 residents on 200 east hall as well as visitors and staff.</p> <p>Findings include:</p>	K010143	K143 NFPA 101 Life Safety Code Standard Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? There were no residents cited in regard	09/09/2013			

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	<p>Based on observation on 08/29/13 at 2:09 p.m. with the Maintenance Supervisor, there was one electrical outlet installed inside the oxygen room on the north wall located fifty three inches above the floor. Based on interview on 08/29/13 at 2:12 p.m. with the Maintenance Supervisor, it was acknowledged the electrical wall fixture in the oxygen storage room used for oxygen transfer was located less than five feet above the floor.</p> <p>3.1-19(b)</p>		<p>to this regulation. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All Residents, staff and visitors have the potential to be affected by the alleged deficient practice. The outlet was removed on 8/29/13. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 feet above the floor to avoid physical damage. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Electrical wall fixtures are visually checked monthly and documented in the Preventative Maintenance Manual. The Executive Director will review the Preventative Maintenance Manual monthly. Findings will be presented to the Safety Committee for review.</p>	