STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155616	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 08/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBERT E LEE	201 E ELM ST NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K020000	A Life Safety Code and Environmental Preoccupancy survey for the conversion of 17 residential beds in rooms 203, 205, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, and 217 to 17 Title 18/19 beds was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/22/13 Facility Number: 001145 Provider Number: 155616 AIM Number: 200120200 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code and Environmental Preoccupancy survey, Robert E. Lee 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 for the South Hall addition. This two story facility with a partial basement was determined to be of Type V	K020000	Preparation and /or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.	

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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	(111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 122 and the second floor room conversion had a census of 0 at the time of this survey. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/27/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K020033 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1 Based on observation and interview, the facility failed to ensure 1 of 2 stairway exit doors on the second floor South Hall was provided with a label indicating the fire resistance rating of the stairway door. LSC 8.2.5.4 refers to 7.1.3.2.1 for enclosure of exits. LSC 7.1.3.2.1(a) says the separation shall have not less than a 1 hour fire resistance rating where the exit connects three stories or less. This deficient practice could affect all residents who reside on the second floor South Hall. Findings include: Based on observation on 08/22/13 at 10:25 a.m. with the maintenance supervisor and administrator, the second floor South Hall exit stairway had a door at the top of the stairway enclosure leading to the attic space which was not provided with fire resistance rating label. This was verified by the maintenance supervisor at the time of observation and confirmed by the administrator at the exit conference on 08/22/13 at 11:45 a.m.	K020033	K-033 NFPA 101 Life Safety Code Standard ACTIONS TAKEN: A complete review of the facility was completed to ensure all exit components have a fire resistance rating of a least one hour, no others were identified. A ninety minute steel fire door was placed in the entrance to the attic space. OTHERS IDENTIFIED: Residents residing in the second floor south hall had the potential to be affected. A complete review of the facility was completed to ensure all exit components have a fire resistance rating of a least one hour, no others were identified. MEASURES TAKEN: A ninety minute steel fire door was placed in the entrance o the attic space. HOW MONITORED: To ensure compliance, the Maintenance Director will verify compliance regarding any proposed future changes to exit components and egress material fire rating.The Maintenance director will assess the continued placement of the 90 min steel door during daily rounds.The Maintenance Director will report the findings of audits to	09/09/2013

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	3.1-19(b)		the Quality Assurance Committee quarterly. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, our date of completion is: 9/9/2013.	

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K020160 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2 Based on observation and interview, the facility failed to ensure 1 of 1 sprinklered elevator equipment rooms was provided with an automatic means for disconnecting the main line power supply. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main line power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect all residents on the second floor South Hall. Findings include: Based on observation of the first floor outside elevator equipment room on 08/22/13 at 11:10 a.m. with the maintenance supervisor and administrator, the elevator equipment	K020160	K-160 NFPA 101 Life Safety Code Standard ACTIONS TAKEN: A complete review of elevators in the facility was completed to ensure sprinklered equipment rooms are provided with an automatic means for disconnecting the main line power supply, no others were identified. A Shunt Trip breaker and heat detectors were installed on the main line power supply to automatically disconnect power upon or prior to the application of water from the sprinkler located in the elevator machine room. OTHERS IDENTIFIED: Residents residing in the second floor south hall had the potential to be affected. A complete review of elevators in the facility was completed to ensure sprinklered equipment rooms are provided with an automatic means for disconnecting the main line power supply, no others were identified. MEASURES TAKEN: A Shunt Trip breaker and heat detectors were installed on the main line power supply to automatically disconnect power upon or prior to the application of water from the	09/13/2013

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	room was provided with sprinkler coverage. Based on an interview and observation of the main elevator electrical equipment on 08/22/13 at 11:20 a.m. with the maintenance supervisor and administrator, there was no indication in the elevator equipment room a shunt trip was provided for the elevator equipment. This was verified by the maintenance supervisor and administrator at the exit conference on 08/22/13 at 11:45 a.m. 3.1-19(b)		sprinkler located in the elevator machine room. HOW MONITORED: To ensure compliance, the Maintenance Director will verify compliance regarding any proposed future changes to the elevator and mechanical rooms.The Maintenance Director will monitor the shunt trip breaker and elevator mechanical room during daily rounds and continue with scheduled sprinkler and alarm system inspections.The Maintenance Director will report the findings of audits and inspections to the Quality Assurance Committee quarterly. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, our date of completion is: 9/13/2013.	