

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155482	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/05/2012
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NAME OF PROVIDER OR SUPPLIER  KENDALLVILLE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1802 E DOWLING ST KENDALLVILLE, IN 46755
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K0000	<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: 03/05/12</p> <p>Facility Number: 000529 Provider Number: 155482 AIM Number: 100267140</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kendallville Manor 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 (111) construction and was fully</p>	K0000	<p><b>This plan of correction is to serve as Kendallville Manor's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Kendallville Manor or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</b></p>	

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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Currently there are no smoke detectors in the resident rooms. The facility has a capacity of 60 and had a census of 29 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/08/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0021 SS=F	<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 once the fire alarm system is activated 2 of 2 sets of smoke barrier doors would remain self closing until the fire alarm system is returned to normal operations. This deficient practice could affect all occupants.</p> <p>Finding include:</p> <p>Based on observations with the Maintenance Supervisor on 03/05/12 from 1:27 p.m. to 1:30 p.m., both sets of smoke barrier doors released initially with the fire alarm system test, but when the system was placed in silence mode and the doors were opened,</p>	K0021	<p>K0021 It is the practice of Kendallville Manor to ensure the safety of residents at all times. Safecare has conducted an on-site visit to ensure that the doors and magnetic devices are operating appropriately. SafeCare tested the operation of the system and all doors and magnetic devices are functioning properly when the alarm sounds and also in the silence mode. The alarm system will be checked each month during fire drills and also by SafeCare each quarter.</p>	04/04/2012			

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	<p>the magnetic device used to hold open the doors engaged causing both sets of smoke barrier doors to remain open instead of self closing as required. This was acknowledged by the Maintenance Supervisor at the time of observations.</p> <p>3.1-19(b)</p>				

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 1 Human Resource offices and 1 of 1 resident room storage rooms with combustibles, measuring over 50 square feet in size, were provided with a self closing device. This deficient practice could affect any resident evacuated through the 200 hall emergency exit in the event of an emergency.</p> <p>Findings include:</p> <p>a. Based on observation with the Maintenance Supervisor on 03/05/12 at 12:32 p.m., the corridor door to the Human Resource office with combustible storage consisting of twenty three</p>	K0029	K029 It is the practice of Kendallville Manor to ensure that residents are kept away from all hazardous areas. The Maintenance Director installed an automatic door closer on the Human Resources office. All combustibles have been removed from resident room 217. The Maintenance Director or his designee will perform random checks daily for one month to ensure the Human Resources door closes automatically.	04/04/2012			

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	<p>boxes of resident records and measuring sixteen feet by sixteen feet in size, lacked a self closing device.</p> <p>b. Based on observation with the Maintenance Supervisor on 03/05/12 at 12:34 p.m., the corridor door to resident room 217 with combustible storage consisting of twenty four boxes of resident records, measuring thirteen feet by sixteen feet, lacked a self closing device. This was confirmed by the Maintenance Supervisor at the time of observations. Additionally, measurements were provided by the Maintenance Supervisor.</p> <p>3.1-19(b)</p>				

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K0038 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 doors in the path of egress, equipped with a magnetic locking system, remained unlocked with activation of the building fire protective signaling system. LSC 19.2.1 requires every corridor and exit be in compliance with Chapter 7. LSC 7.2.1.6.2.(d) requires actuation of the fire alarm system shall unlock the doors in the direction of egress and the doors shall remain unlocked until the fire alarm system has been manually reset. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 03/05/12 from 1:28 p.m. to 1:35 p.m., all of the emergency exit doors, which were equipped with a magnetic locking system, failed to remain unlocked when the fire alarm system was placed in the</p>	K0038	It is the practice of Kendallville Manor to ensure the safety of the residents at all times. SafeCare has tested the fire alarm system to ensure the actuation of the system unlocks the doors in the direction of egress and that the doors remain unlocked until the fire alarm systemn has been manually reset. The system will be tested monthly during fire drills and also by SafeCare each quarter.	04/04/2012			

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	<p>silence mode. This was acknowledged by the Maintenance Supervisor at the time of observations.</p> <p>3.1-19(b)</p>				

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K0046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 emergency light fixtures of at least 1½ hour duration was tested monthly and annually in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires requires a functional test shall be conducted on every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. In addition, NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient</p>	K0046	<p>It is the practice of Kendallville Manor to test emergency lighting in accordance with LSC 7.9 and LSC 19.2.9.11. The Maintenance Director was re-educated at the time regarding the LSC standard. All residents have the potential to be affected. The emergency light fixture testing on the battery powered emergency lighting system was conducted on March 14, 2012. Equipment was fully operational for the duration of the test. The test will be conducted annually hereafter. The monthly 30 second testing on battery powered emergency lighting systems continues per the monthly schedule. The Administrator will conduct random checks of the forms to ensure the tests are being conducted.</p>	04/04/2012	

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	<p>practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 03/05/12 at 1:00 p.m., a battery operated emergency task light was observed at the emergency generator. Based on an interview with the Maintenance Director during record review at 12:06 p.m. on 03/05/12, there was no written record of a monthly function test or an annual test for the battery operated emergency task light available for review.</p> <p>3.1-19(b)</p>				

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K0050 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire and Evacuation Drill Report" forms with the Maintenance Director on 03/05/12 at 11:45 a.m., all second shift fire drills took place between 2:16 p.m. and 2:42 p.m. for four of the last four quarters and all third shift fire drills took place between 10:14 p.m. and 10:15 p.m. for four of the last four quarters. This was acknowledged by the Maintenance Director at the time of record review.</p>	K0050	<p>K0050 It is the practice of Kendallville Manor to conduct fire drills according to LSC 19.7.1.2.1. All residents have the potential to be affected. The Maintenance Director was re-educated on conducting fire drills at unexpected times under varying conditions. The Administrator will conduct random audits to ensure that fire drills are being performed at random times monthly and quarterly.</p>	04/04/2012			

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	3.1-19(b) 3.1-51(c)			