

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2013
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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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: 11/13/13</p> <p>Facility Number: 000153 Provider Number: 155249 AIM Number: 100266910</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Signature Healthcare of Fort Wayne 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a</p>	K010000		

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>capacity of 160 and had a census of 90 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached garage and three sheds providing facility services including storage of old equipment, new beds, mattresses and maintenance supplies that were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/20/13.</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=D	<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 1 of 16 B wing 200 hall resident room corridor doors closed and latched into the door frame. This deficient practice could affect 2 residents in the B wing 200 hall.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 2:12 p.m., the corridor door to resident room 116 failed to latch into the door frame. This was acknowledged by the Plant Operations Director at the time of observation.</p> <p>3.1-19(b)</p>	K010018	New striker plate was installed on the identified door. All other resident room doors were checked for proper function. No residents or visitors were affected by this practice. Administrator in-serviced Plant Operations Director on December 2, 2013 on K018 regulation. Plant Operations Director will audit and monitor compliance through normal facility preventive maintenance program. The Plant Operations Director will forward the results of the audit to the quarterly Quality Assurance Meeting for further review and recommendation. The audit will continue quarterly for 4 quarters to ensure continued compliance. Date of compliance: 12/13/2013	12/13/2013

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K010029 SS=D	<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 1 of 1 roll down doors at the openings in the kitchen wall, a hazardous area, would self close upon activation of the fire alarm system. This deficient practice was not in a resident care area but could affect any number of facility staff.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 3:10 p.m., there was a rolling fire door protecting the opening from the kitchen to the service hall. Based on the SafeCare service call report dated 10/03/13, "the fire alarm contacts have been removed from relay and capped off." Based on interview with the Plant Operations Director at the time of observation, before</p>	K010029	Dietary staff was in-serviced on ensuring the rolling door remains closed when the kitchen is unattended. Dietary staff will manually shut the door in the event of a fire alarm until necessary repairs or replacement can be completed. This is the only door with this function in the facility. No residents or visitors were affected by this practice. Administrator in-serviced Plant Operations Director on December 2, 2013 on K-029 regulation. Plant Operations is waiting on information from the manufacturer on availability of replacement parts. Quotes are being obtained to replace the unit if repairs cannot be made. Work order to repair or replace will be approved no later than 12/13/13. Once work is complete, Plant Ops will continue to audit and monitor compliance through normal preventive maintenance program. The Plant Operations	12/13/2013			

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	making the repairs needed to allow the rolling fire door to close upon activation of the fire alarm system the facility is waiting on additionally information to determine if the fire door could be repaired or would need to be replaced . 3.1-19(b)		Director will forward the results of the audit to the quarterly Quality Assurance Meeting for further review and recommendation. The audit will continue quarterly for 4 quarters to ensure continued compliance. Date of compliance: 12/13/2013	

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K010050 SS=F	<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 ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Fire/Disaster Drill Report" with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 12:31 p.m., there was no record of a second and third shift fire drill for the fourth quarter of 2012. Additionally, the facility conducted first, second and third shift fire drills in the first quarter of 2013 on 03/29/13. Based on an interview with the Plant Operations Director at the time of record review, the facility was not owned by Signature at the time and he was not employed by the previous company.</p>	K010050	The Fire Drill Book was inspected by Plant Operations Director and Regional Plant Operations Director to ensure that drills were being conducted per regulation since 8-1-13. No residents or visitors were affected by this practice. Administrator in-serviced Plant Operations Director on December 2, 2013 on K050 regulation. Fire Drills will be scheduled per regulation. Plant Operations Director will audit and monitor compliance through normal facility preventive maintenance program. The Plant Operations Director will forward the results of the audit to the quarterly Quality Assurance Meeting for further review and recommendation. The audit will continue for 4 quarters to ensure continued compliance. Date of compliance: 12/13/2013	12/13/2013			

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

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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 a complete automatic sprinkler system was provided for 1 of 2 canopies in accordance with NFPA 13, Standard for Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13-1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior roofs or combustible canopies exceeding 4 feet in width. This deficient practice could affect 7 resident in the C wing 100 hall.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 1:20 p.m., there was an unsprinklered</p>	K010056	<p>Plant Operations Director obtained information to verify the material used in the canopy. Quotes were requested on replacement of the canopy. No other canopy requires attention. No residents or visitors were affected by this practice. Administrator in-serviced Plant Operations Director on December 2, 2013 on K-056 regulation. Canopy quotes will be approved no later than 12-13-13 for replacement according to installer schedule. No further monitoring of existing canopies is required at this time. Date of compliance: 12/13/2013</p>	12/13/2013

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	<p>canvas canopy attached to the building at the C wing 100 hall exit. The canopy extended nine feet out from the building and measured seven feet wide. At the time of observation, the Plant Operations Director acknowledged the facility lacked documentation to confirm the canvas canopy was inherently fire resistant.</p> <p>3.1-19(b)</p>			

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K010064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 C wing 200 hall fire extinguishers was readily accessible at all times. NFPA 10, Standard for Portable Fire Extinguishers, Section 1-6.3 requires fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. This deficient practice could affect any of the 3 residents in the C wing 200 hall.</p> <p>Findings include:</p> <p>Based on an observation with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 1:00 p.m., access to the C wing 200 hall corridor fire extinguisher was obstructed by a portable lift. This was acknowledged by the Plant Operations Director at the time of observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 C wing 100 hall fire extinguishers was mounted so the top of the extinguisher was no more than five feet (60 inches) above the</p>	K010064	<p>Fire Extinguisher identified was lowered to meet regulation. All facility Fire Extinguishers were checked on 12-2-13 to ensure compliance with regulation. Adjustments made as needed. No residents or visitors were affected by this practice. Administrator in-serviced Plant Operations Director on December 2, 2013 on K-064 regulation. Staff Development Coordinator or designee will in-service all staff on proper placement and storage of equipment in corridors. Plant Operations Director will audit and monitor compliance through normal facility preventive maintenance program. The Plant Operations Director will forward the results of the audit to the quarterly Quality Assurance Meeting for further review and recommendation. The audit will continue quarterly for 4 quarters to ensure continued compliance. Date of compliance: 12/13/2013</p>	12/13/2013

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	<p>floor. NFPA 10, Section 1-6.10 requires fire extinguishers having a gross weight not exceeding 40 lb. shall be installed so the top of the fire extinguisher is not more than 5 feet (60 inches) above the floor. This deficient practice could affect 7 resident on the C wing 100 hall.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 1:25 p.m., the C wing 100 hall fire extinguisher mounted on the corridor wall measured five foot five inches from the floor to the top of the fire extinguisher. Measurements were provided by the Plant Operations Director.</p> <p>3.1-19(b)</p>				

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K010144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure the emergency generator was excised under load for a minimum of 30 minutes for 12 of the last 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, whichever is greater, at least monthly, for a minimum of 30 minutes. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review of the generator log in the TELS computer program with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 11:50 a.m., the generator is excised under load for 20 minutes weekly and then continues to run for five additional minutes of cool down time.</p>	K010144	<p>Plant Operations Director verified capabilities of the unit. Generator is capable of running manually under load for 30 minutes. Plant Operations Director will run generator manually on full load for 30 minutes on December 6, 2013, and monthly thereafter until new timer can be placed in the unit. No residents or visitors were affected by this practice. Administrator in-serviced Plant Operations Director on December 2, 2013 on K-144 regulation. Plant Operations Director will audit generator function and monitor compliance through normal preventive maintenance program. The Plant Operations Director will forward the results of the audit to the quarterly Quality Assurance Meeting for further review and recommendation. The audit will continue monthly on going to ensure continued compliance. Date of compliance: 12/13/2013</p>	12/13/2013			

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	<p>Based on an interview with the Plant Operations Director at the time of record review, he questioned MacAllister, the generator service provider and was told the generator is programmed to run for 20 minutes with a five minute cool down period.</p> <p>3.1-19(b)</p>			

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K010147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords was not used as a substitute for fixed wiring to provide power for medical equipment or equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice was not in a resident care area but could affect facility staff in the B wing pantry.</p> <p>Findings include:</p> <p>Based on observation and interview with the Plant Operations Director and the Plant Operations Regional Director on 11/13/13 at 1:50 p.m., the Plant Operations Director acknowledged a refrigerator was supplied electricity by an extension cord power strip in the B wing pantry.</p> <p>3.1-19(b)</p>	K010147	<p>The power strip was removed. Unit was plugged directly in to the wall outlet. All other appliances were checked to ensure compliance with regulation. No residents or visitors were affected by this practice. Administrator in-serviced Plant Operations Director on December 2, 2013 on K-147 regulation. Plant Operations Director will audit appliances monthly and monitor compliance through normal facility preventive maintenance program. The Plant Operations Director will forward the results of the audit to the quarterly Quality Assurance Meeting for further review and recommendation. The audit will continue monthly for 12 months to ensure continued compliance. Date of compliance: 12/13/2013</p>	12/13/2013	