

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155446	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/04/2015
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NAME OF PROVIDER OR SUPPLIER  COVINGTON MANOR HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 WILKIE DR FORT WAYNE, IN 46804
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K 000  Bldg. 01	<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: 03/04/15</p> <p>Facility Number: 000476 Provider Number: 155446 AIM Number: 100290870</p> <p>Surveyor: Thomas Forbes, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Covington Manor Health 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) and 410 IAC 16.2. The original building consisting of the West wing, East wing, Bed and Breakfast unit and the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was</p>	K 000	<p>This Plan of Correction is the center's credible allegation of compliance Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or statements set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</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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K 066 SS=E Bldg. 01	<p>fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and areas open to the corridors and battery operated smoke detector in the resident rooms. The facility has a capacity of 149 and had a census of 113 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 a shed used for general storage and a garage used for maintenance storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/05/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international</p>			

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	<p>symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observations and interview, the facility failed to ensure cigarette butts were disposed into a noncombustible container which was provided for 2 of 2 areas where smoking was permitted. This deficient practice could affect 6 residents in the courtyard and staff utilizing the Employee Service hall exit during a fire emergency.</p> <p>Findings include:</p> <p>Based on observations during the tour of the facility with the Maintenance Director on 03/04/15 at 12:35 p.m., the staff smoking area outside of the employee service hall exit and the resident smoking area in the court yard was provided with approved metal containers for disposing cigarette butts, but in both areas there was a trash container full of paper goods that was mixed with 10 cigarette butts. Based on interview at the time of</p>	K 066	The facility immediately removed the trash container in the resident smoking area and a sign was posted on Mach 17th in the employee smoking area in regards to properly utilizing the approved provided vessel for discarding cigarette butts. Maintenance/designee will monitor both the resident and employee smoking areas weekly to ensure cigarette butts are being discarded appropriately. The results will be forwarded to the QA committee and reviewed monthly for three months and until the facility sustains compliance	03/20/2015			

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K 147 SS=E Bldg. 01	<p>observation, the Maintenance Director acknowledged the facility's employee and resident smoking areas had cigarette butts disposed into a container full of paper products instead of using the approved vessel which was provided.</p> <p>3.1-19(b)</p> <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 wet location in the Beauty Salon had a working ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical</p>	K 147	Maintenance Director repaired the defective GFCI outlet Maintenance will review GFCI outlet's in the facility quarterly to ensure facility is compliant Results will be forwarded to the QA committee on a monthly basis and will continue for six months until facility achieves compliance	03/20/2015

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K 000  Bldg. 02	<p>insulation is more subject to failure. This deficient practice can affect 5 residents using the Beauty Salon.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director on 03/04/15 at 10:30 a.m., there was an electric receptacle located in the Beauty Salon on the wall within three feet of the water hose on the shampoo sink. Based on interview and testing with the Maintenance Director at the time of observation, the receptacle was connected to an electrical GFCI outlet, but the receptacle failed to trip when using a GFCI tester. The Maintenance Director acknowledged the GFCI failed to trip when testing the electrical receptacle.</p> <p>3.1-19(b)</p> <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>	K 000	This Plan of Correction is the center's credible allegation of compliance Preparation and execution of this plan of correction does not constitute admission or agreement by the	

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