

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155600	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/08/2016
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NAME OF PROVIDER OR SUPPLIER  MULBERRY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 502 W JACKSON ST MULBERRY, IN 46058
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K 0000  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: 04/08/16</p> <p>Facility Number: 000470 Provider Number: 155600 AIM Number: 100289210</p> <p>At this Life Safety Code survey, Mulberry 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), 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 with a basement. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in 59 resident sleeping rooms in the original portion of the</p>	K 0000	Mulberry Health & Retirement respectfully request a desk review in lieu of an on site follow up survey	

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 0020 SS=E Bldg. 01	<p>facility and hard wired smoke detectors in the other 27 resident rooms. The facility has a capacity of 149 and had a census of 121 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 a detached records building which was not sprinklered.</p> <p>Quality Review completed on 04/14/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5, 8.2.5.6, 19.3.1.1 Based on observation and interview, the facility failed to ensure 1 of 1 vertical openings such as a stairway was protected with a one hour fire rated door. This deficient practice could affect 16 residents adjacent to the stairwell as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/08/16 at 1:00 p.m. with the Maintenance Supervisor the stairway fire doors separating the first floor from the basement floor did not</p>	K 0020	<p>No residents were affected by the alleged deficient practice. The door in question has been in place since the facilities original construction over 40 years ago.</p> <p>Facility will replace the sufficient existing door with a door that is marked as meeting the one hour fire rating.</p> <p>No additional follow up will be necessary.</p>	05/08/2016

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K 0056 SS=E Bldg. 01	<p>have a forty five minute fire rated tag attached to the doors and no other documentation was available to verify the fire rating of the doors. Based on interview concurrent with the observation with the Maintenance Supervisor it was acknowledged the stairway doors were unrated and needed to have a forty five minute fire rating.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 3 of 4 exits with outside canopies in accordance with NFPA 13, Standard for the 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</p>	K 0056	Mulberry Health & Retirement respectfully request a temporary waiver for the canopies listed in the LSC survey. Attached to the POC is supporting documentation along with the waiver application	05/08/2016

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	<p>exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 16 residents on North hall and 24 residents on southwest hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/08/16 at 1:31 p.m. with the Maintenance Supervisor, the front entrance overhang was constructed of a cement board composite material for the ceiling with interior wood construction which connects to the building and extends ten feet in width and lacked outside sprinkler protection. Furthermore, there was ten foot wide overhang located at the back entrance which was constructed with wood and had a metal ceiling which was not sprinklered. Lastly, there was a ten foot wide overhang outside the Old Smoking area adjacent to North hall constructed with wood with a metal ceiling and was not sprinklered. Based on interview at the time of observations, the Maintenance Supervisor acknowledged the lack of sprinkler protection outside and under the aforementioned exit overhangs.</p> <p>3.1-19(b)</p>			

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K 0070 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices shall be prohibited in all health care occupancies. Except it shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C). 18.7.8, 19.7.8</p> <p>Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in non resident rooms. This deficient practice could affect 14 residents on 300 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/08/16 at 1:25 p.m. with the Maintenance Superisor, one portable space heater was plugged in and readily available for use in the Social Services office adjacent to 300 hall. Based on interview on 04/08/16 concurrent with the observation, it was acknowledged by the Social Services staff and Maintenance Supervisor the portable heater was not allowed in the facility and no documentation pertaining to the portable space heater was available for review.</p>	K 0070	<p>No residents were affected by the alleged deficient practice. The space heater has been removed from the facility. Maintenance Supervisor will monitor for spaceheaters during his monthly facility walk through.</p>	05/08/2016			

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K 0143 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows:</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; and (b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association.</p> <p>8-6.2.5.2 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 electrical light switch was positioned five feet above the floor in the oxygen storage room next to the stairwell where oxygen transfer occurs. NFPA 99, 1999 Edition Standard for Health Care Facilities, 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</p>	K 0143	<p>No residents were affected by the alleged deficient practice. The light switch will be moved to meet the five foot requirement No additional follow up will be necessary</p>	05/08/2016

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	<p>not less than 5 feet above the floor to avoid physical damage. This deficient practice could affect an 16 residents on North hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/08/16 at 2:09 p.m. with the Maintenance Supervisor, there was one electrical light switch installed inside the oxygen room on the south wall located forty two inches above the floor. Based on interview on 04/08/16 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>			