STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155477	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/27/2014
NAME OF PROVIDER OR SUPPLIER LANE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LANE AVE CRAWFORDSVILLE, IN 47933	

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K010000	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). Survey Date: 10/27/14 Facility Number: 000462 Provider Number: 155477 AIM Number: 100275380 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, The Lane House 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. This one story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered	K010000	This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Please accept this plan as our credible allegation of compliance. We respectfully ask for Paper Compliance upon your review of the POC.	

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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	smoke detectors. The facility has a capacity for 58 and had a census of 48 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has two detached buildings providing storage which were not sprinklered. Quality Review by Dennis Austill, Life Safety Code Specialist on 11/07/14. The facility was found not in compliance with the aforementioned requirements as evidenced by:			
K010048 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to include the types of fire extinguishers available, or the use of the K-class fire extinguisher in conjunction with the overhead hood system in the written fire plan for the protection of 48 of 48 residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms	K010048	I. Immediate CorrectionFire Procedures were updated to include location and type of each fire extinguisher in the facility, plotted out on a floor plan. Additionally, it should be noted that the original fire safety plan already had the kitchen's K class fire extinguisher clearly discussed on page 14 under Departmental Fire Procedures-Dietary. This will remain in the Fire Safety Plan.II. Others Potentially AffectedNo areas other than cited were affected.III.	11/14/2014

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	(2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire The plan should include each type of fire extinguisher available and any special requirement for their usage. This deficient practice could affect all occupants. Findings include: Based on review of the Fire Policy and Procedure with the maintenance director and administrator on 10/27/14 at 2:30 p.m., the evacuation plan did not identify available fire extinguishers and address the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. The maintenance director and administrator acknowledged at the time of record review, elements were missing from the fire plan. 3.1-19(b)		Measures put into place:Fire Procedures were updated to include location and type of each fire extinguisher in the facility, plotted out on a floor plan. Additionally, it should be noted that the original fire safety plan already had the kitchen's K class fire extinguisher clearly discussed on page 14 under Departmental Fire Procedures- Dietary. This will remain in the Fire Safety Plan.IV. Quality Assurance:Fire Procedures will be reviewed during monthly safety committee x 6 months and with any change to the plan.	

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K010053 SS=C	NFPA 101, 483.70(a)(7) LIFE SAFETY CODE STANDARD In an existing nursing home, not fully sprinklered, the resident sleeping rooms and public areas (dining rooms, activity rooms, resident meeting rooms, etc) are to be equipped with single station battery-operated smoke detectors. There will be a testing, maintenance and battery replacement program to ensure proper operation. 42 CFR 483.70(a)(7)			
	Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program in accordance with the manufacturer's recommendations for cleaning and replacement of battery operated smoke detectors in 38 of 38 resident sleeping rooms. LSC 4.6.12.2 requires any life safety code features obvious to the public, if not required by the Code, shall be maintained or removed. This deficient practice could affect all occupants.	K010053	I. Corrective actionAdministration created a new form while surveyor present titled "Battery Operated Smoke Detector Checks" that indicate each room and a "Pass" and "Fail" column for each. The Surveyor indicated this was exactly what she was looking for. The facility had been checking each smoke detector as indicated on their existing log, however, before the creation of the new form, it didn't specifically indicate each room with a pass / fail column. The Director of Plant Services completed a 100%	11/14/2014

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	Findings include: Based on observation of resident rooms with the maintenance director and administrator on 10/27/14 between 11:30 a.m. and 2:30 p.m., battery powered smoke detectors were installed in each resident room. A review of the computer generated record identified as the documentation for monthly testing for battery powered smoke detectors in all resident rooms, "Test all battery operated detectors in resident rooms per manufacturers recommendations", noted the date, identified the person performing the test, the number of battery powered detectors tested, the number passed, and locations of any failures. The maintenance director said at the time of record review he had no documentation for identifying each detector was checked, and the pass or fail status for each battery powered smoke detector. The maintenance director acknowledged at the time of record review, the documentation provided did not identify the location and testing status and type of testing performed for each smoke detector. 3.1-19(a)		check on 10/27/2014 utilizing and documenting the results on the new form and all detectors passed.II. Identification of OthersNo other areas affectedIII. Systemic ChangesThe DOPS or his designee will utilize the new form monthly when completing the monthly battery operated smoke detector checks.IV. Quality AssuranceThe Safety Committee will review the form each month x 6 months for completion to monitor for compliance. Further need to monitor will be determined by the Safety Committee at the end of the 6 months if compliance is not 100%.V. Completion Date: 11/14/2014	

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K010062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the facility failed to ensure 8 of 12 sprinkler heads protecting the entry canopy and the laundry were free of corrosion and/or foreign materials, such as grime. NFPA 25, 2-2.1.1 requires sprinklers to be free of foreign materials and corrosion. This deficient practice affects staff, visitors and 10 or more residents entering the facility and occupying the zone 6 fire compartment. Findings include: Based on observation with the maintenance director and administrator on 10/27/14 between 11:30 a.m. and 2:30 p.m., four sprinkler heads protecting the overhead entry canopy were rusty and covered with accumulated debris. Four sprinklers protecting the basement laundry had evidence of paint on the	K010062	I. Immediate Correction All sprinkler heads in the laundry department were replaced and the four sprinkler heads protecting the overhead entry canopy were replaced. II. Identification of Other All sprinkler heads were assessed and no others were identified to have foreign material or corrosion. III. Systemic Changes/ Other Measures The Director of Plant services or his designee will check sprinkler heads in the laundry area and the outside canopy on a monthly basis to assess for any foreign material or corrosion, and will resolve any issues found immediately. IV. Quality Assurance The facility will have the sprinkler heads assessed by their contracted fire protection company, currently B & R but subject to change, during their quarterly review moving forward for any foreign material	11/14/2014

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	brackets and deflectors and were coated with a gray fuzzy grime. The maintenance director agreed at the time of observations, the function of these sprinkler heads could be affected by their condition. 3.1-19(b)		and/or corrosion and to immediately replace the sprinkler head if found. This will be ongoing with no stop date. V. Date of completion: 11-13-14	
K010068 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 Based on observation and interview, the facility failed to ensure 1 of 1 laundry rooms was provided with makeup combustion air from the outside for rooms containing fuel fired equipment. NFPA 54, 1999 Edition of the National Fuel Gas Code , Section 6.4.3(b) requires for the provision for makeup air for Type 2 clothes dryers. A Type 2 clothes dryer is defined as "not designed for use in an individual family living environment." This deficient practice could affect visitors, staff, and 4 or more residents in zone 6 resident rooms located above the basement laundry. Findings include: Based on observation with the maintenance director and administrator on 10/27/14 at 12:30 p.m., the basement	K010068	I. Immediate Corrective Action Facility installed automatic fresh air intake with damper control system, tied into the operation of the gas dryers completed on 11/13/14. II. Others Potentially affected No other areas affected. III & IV Systemic Changes and Quality Assurance N/A- one time installation of the automatic air intake resolved this citation. V. Completion Date: 11-13-2014	11/13/2014

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	laundry had two, gas fueled dryers with no fresh air intake. Fresh air was limited to that provided if a window was opened. The maintenance director acknowledged at the time of observation, the two gas fueled dryers did not have a dedicated fresh air intake. 3.1-19(b)			
K010147 SS=A	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect staff and visitors under the canopy adjacent to exit #5 and any resident in room 22 which shares the wall with the outdoor receptacle. Findings include:	K010147	I. Immediate Corrective Action The vending machine was unplugged on 10/31/14 and permanently removed on 11/12/14. II. Identification of Others affected There were no other vending machines identified with extension cords III. Systemic Changes The vending machine is being removed and not put back into service. IV. Quality Assurance N/A- machine was removed. V. 10/31/14	10/31/2014

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	Based on observation with the maintenance director and administrator on 10/27/14 at 2:10 p.m., an extension cord was plugged into an outdoor receptacle, hidden and run under the building siding for ten feet to supply power to a vening machine. The receptacle was located in a wall shared by a resident room in the zone 6 smoke oke compartment. The maintenance director said at the time of observation, he had not been aware the vendor had used an extension cord to supply power to the vending machine. 3.1-19(b)			