

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155719	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2015
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NAME OF PROVIDER OR SUPPLIER GEORGE ADE MEMORIAL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3623 E SR 16 BROOK, IN 47922
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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: 03/12/15</p> <p>Facility Number: 000559 Provider Number: 155719 AIM Number: 100267170</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, George Ade Memorial Health Care 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 II (222) construction and was sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors; spaces open to the corridors</p>	K 000	<p>George Ade Memorial HealthCare Center 3623 East State Road 16 Brook, IN 47922-8800 219/275-2531</p> <p>March 27, 2015</p> <p>Miriam Buffington, Enforcement Manager Division of Long Term Care Indiana State Department of Health 2 North Meridian, Section 4-13 Indianapolis, IN 46204-3006</p> <p>Re: Survey Event ID LYCZ21, POC for George Ade Memorial Health Care Center, Brook IN.</p> <p>Dear Miriam:</p> <p>This letter is our allegation of substantial compliance asof April 11, 2015. With this we are requesting a desk review of the cited tagsto clear the survey. We would further request that any and all proposed and/orimposed penalties be removed at this time.</p> <p>If you have any questions or need further information,please contact me at 219-275-2531 ext. 23 or by email at admin@georgeade.org.</p> <p>Thank You,</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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	<p>and resident rooms. The facility has a capacity of 70 and had a census of 62 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. Areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/19/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>		<p>Scott James</p> <p>The 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 the conclusion set forth on the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is Prepared and executed solely because it is required by the provisions of the federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licenser of the long term care facilities, and this plan of</p>	

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K 018 SS=E Bldg. 01	<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 doors in 1 of 4 smoke compartments did not have an impediment to closing. This deficient practice affects residents, staff and 5 or more residents accessing the activities</p>	K 018	<p>correction in its entirety, constitutes this providers allegation of compliance. Completion dates are provided for theprocedural preceding purposes to comply with state and federal regulations, andcorrelate with the most recent contemplated or accomplished corrective action.These dates do not necessarily correspond chronologically to the date theprovider is under the opinion it was in compliance with requirements of theparticipation or that the corrective action was necessary.</p> <p>K018 The noted office has been rearranged with the shredded bagsof paper removed. This was done so as to allow the door to close properly atall times. The office and its contents are kept in a safe and presentable fashionto avoid further problems.</p>	04/10/2015

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K 021 SS=E Bldg. 01	<p>and physical therapy areas located in the same smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 03/12/15 at 12:10 p.m., the IT office corridor access door was prevented from closing by a chair laden with two large bags of shredded paper. The Maintenance Director acknowledged at the time of observation, the door should not have been held open.</p> <p>3.1-19(b)</p> <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</p>	K 021	The IT manager will be responsible to see this is maintained. This is done as of 4/10/2015.	04/10/2015			

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K 050 SS=F Bldg. 01	<p>facility failed to ensure a door to a hazardous area, such as a soiled utility room in 1 of 4 smoke compartments, used for the collection of soiled linen and trash receptacles would latch upon self closing. Doors to hazardous areas are required to latch in the door frame when closed to keep the door tightly closed. This deficient practice affects visitors, staff and 10 or more residents on the EC unit.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 03/12/15 at 12:55 p.m., the self-closing door to 20 by 15 foot storage room in the office wing was equipped with a self-closing device that had been dismantled and prevented it from self-closing the door.</p> <p>3.1-19(b)</p> <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>The storage room door closer has been replaced so as to allow the door to close and function properly. Doors with closer devices will be maintained in proper working order so as to allow them to function properly. Door closers are checked and maintained so as to avoid further concern. The maintenance supervisor is responsible to see that this is done, staff will fill out repair request when needed to assist in the ongoing maintenance.</p> <p>This is done as of 4/10/2015.</p>	

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K 062 SS=E Bldg. 01	<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 quarters. This deficient practice could affect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drill Reports with the Maintenance Director on 03/12/15 at 2:50 p.m., there was no record of a first and second shift fire drill for the fourth quarter of 2014. The Maintenance Director acknowledged at the time of record review, the fire drill records were not complete and said he had provided all fire drill documentation.</p> <p>3.1-9(b) 3.1-51(c)</p> <p>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</p>	K 050	<p>K050</p> <p>The drill schedule has been reviewed with proper changes made to assure drills are scheduled/ preformed in a timely and correct manner so as to avoid further citing. Drills are preformed on each shift on a scheduled basis to assure an accurate and complete fire drill schedule is met as required. The maintenance supervisor will be responsible to see there are completed and information provided to the administrator as a double check of the system. This is done as of 4/10/2015</p>	04/10/2015			
	<p>Based on observation and interview, the facility failed to ensure sprinkler heads in 2 of 4 smoke compartments was free of obstructions to spray patterns. NFPA 25, 2-2.1.2 requires unacceptable obstructions to spray patterns shall be</p>	K 062	<p>K062</p> <p>The sprinkler head cited has been relocated so as to maintain the proper allowable space/ distance of the sprinkler head and the surrounding objects around it. Please see attached. The items on the bars on the</p>	04/01/2015			

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	<p>corrected. Further NFPA 13, Standard for the Installation of Sprinkler Systems, in 5-5.6 requires the clearance between sprinkler deflectors and the top of storage should be 18 inches or more. This deficient practice could affect visitors, staff and 10 or more residents in the use areas in the same and adjacent smoke compartment.</p> <p>Findings include:</p> <p>A) Based on observation with the Maintenance Director on 03/12/15 at 1:35 p.m., the top of an ice machine in the kitchen storage room was located six inches under the sprinkler head protecting the room. The Maintenance Director acknowledged at the time of observation, the clearance between the ice machine and sprinkler head was less than the 18 inch minimum allowed.</p> <p>B) Based on observation with the Maintenance Director on 03/12/15 at 12:20 p.m., the social services storage room had two open closet doorways where a bar was mounted across the openings to the spaces. Two wreaths and clothes hanging from the bar were located 10 inches from the sprinkler heads protecting each closet. The Maintenance Director acknowledged at the time of observation, the hanging items were less than the minimum distance allowed between a sprinkler</p>		<p>closet doorways have been removed, along with the bars so as to prevent further use. Staff has been reminded to not place items in the close proximity to the sprinkler heads and to make sure pathways are open. Maintenance supervisor will be responsible to see that areas are kept clear, along with the department supervisors of the noted areas.</p> <p>This is done as of 4/1/2015.</p>				

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K 147 SS=E Bldg. 01	<p>head and obstruction.</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 2 of 2 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 visitors, staff, and 10 or more residents on the EC unit.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 03/12/15 between 2:00 p.m. and 2:25 p.m., a power strip extension cord located under the head of the bed was used to supply power to equipment in resident room 115; and an oxygen concentrator in resident room 114. A power strip extension cord was used to supply power to two curling irons in the beauty shop. The maintenance director acknowledged</p>	K 147	<p>K147</p> <p>The power strip located on rooms 114 & 115 have been removed and corrected, the power strip in the beauty shop have also been removed and replaced with a four receptacle box. Staff has been reminded of the correct use of power strips to include the limit of which they are allowed to use them. Power strips if used are limited to non medical low amperage items if used. Maintenance supervisor will be responsible to monitor the use of powerstrips along with the Environmental Services supervisor to assure they are not misused in the future. This is done as of 3/27/2015.</p>	03/27/2015			

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	at the times of observation, power strips should not have been in use for medical equipment; not located under a resident bed or for high amperage appliances. 3.1-19(b)				