

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155495	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2014
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NAME OF PROVIDER OR SUPPLIER LAKELAND REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 W 4TH ST MILFORD, IN 46542
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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: 03/06/14</p> <p>Facility Number: 000491 Provider Number: 155495 AIM Number: 100291230</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lakeland Rehabilitation and Healthcare 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. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the</p>	K010000	<p>The plan of correction is submitted by Lakeland Rehabilitation and Healthcare Center in order to respond to the allegations sited during the Life Safety Code Survey on 3/6/14. The preparation or execution of this plan of correction does not constitute admission or agreement by provider or the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan or correction is prepared and executed solely because it is required by the position of Federal and State Law. Please accept this plan of correction as the provider's credible allegation of compliance effective March 20, 2014. Considering the volume, scope, and severity of the alleged deficient practices noted on the Statement of Deficiencies, Lakeland Rehabilitation and Healthcare Center respectfully requests a desk review for this survey.</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>corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 60 and had a census of 52 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has a shed providing facility services including the storage of maintenance supplies and lawn equipment which was not sprinklered. The facility has two additional off site storage units. One unit is used for the storage of maintenance parts and supplies and the other is used for the storage of activity supplies. The off site storage units were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/11/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010029 SS=E	<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 the corridor door to 1 of 1 kitchens, a hazardous area, was provided with a self closing device. This deficient practice could affect approximately 24 resident in the main dining room.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 03/06/14 at 2:30 p.m., the corridor door entering the kitchen from the main dining room lacked a self closing device. The main dining room was open to the corridor therefore the kitchen door was in a corridor wall. An interview with the Director of Plant Operations confirmed he was aware of this requirement but was told to release the pressure on the self closing hinges to allow the kitchen</p>	K010029	<p>K029 No residents were affected by the deficient practice. Any of the 24 residents in the main dining room have the potential to be affected by the same deficient practice. The self closing door device was installed immediately on the main dining room door. All other areas were reviewed to see if self closing door devices are warranted. No other areas were identified without a self closing door device that required one at this time. 1. Plant Ops Director has placed self closing door device on the door separating the main dining room and the kitchen. 2. An audit was done to ensure no other area of facility that requires a self closing door is without one. 3. Executive Director/Designee will inservice Plant Ops Director on regulation K029 and the reason for the self closing door device in the main dining room.</p>	03/20/2014			

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K010052 SS=F	<p>door to remain in the open position.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review and interview, the facility failed to ensure 6 of 59 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and</p>	K010052	<p>An audit will be done weekly to ensure all doors requiring self closing doors have one.</p> <p>4. Plant Ops Director/Designee will bring audit to QA Committee for review x 3 months, and then quarterly thereafter until 100% compliance is achieved. Date of compliance is March 20, 2014</p> <p>K052 No residents were affected by the deficient practice Any of the 52 residents had the potential to be affected by the same deficient practice. All 6 smoke detectors in question were replaced on 3/7/14. All other smoke detectors remain operational. 1. All 6 smoke detectors that had failed sensitivity testing were replaced. 2. System was check by Koorsen Fire & Security on 3/7/14 to ensure functional ability. 3. Executive Director/Designee will inservice Plant Ops Director on regulation K052. 4. Koorsen Fire & Security will perform quarterly inspections to ensure compliance with Life Safety Code K052. The results of these inspections will be reviewed</p>	03/20/2014	

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	<p>subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Director of Plant Operations on 03/06/14 at 1:00 p.m., the Koorsen's smoke detector record titled "Sensitivity</p>		<p>in QA following quarterly inspection. Date of compliance is March 20, 2014</p>		

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K010056 SS=E	<p>and Detection Inspection Report" indicated six smoke detectors failed the sensitivity test. Based on an interview with Director of Plant Operations at the time of record review, he was unable to provide documentation to show the smoke detectors had been repaired or replaced.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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 1 of 1 kitchens were provided with sprinklers with the same temperature classification which operate in a timely manner and achieve effective fire control. NFPA 13, Table 3-2.5.1 rates sprinklers with temperature ratings between 135 and 170 degrees</p>	K010056	<p>K056 No residents were affected by the deficient practice. Any of the 52 residents had the potential to be affected by the same deficient practice. On 3/14/14 the sprinkler in question was replaced by a sprinkler that matches all existing sprinklers in the kitchen. 1. The sprinkler in question was</p>	03/20/2014			

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	<p>Fahrenheit (F) as Ordinary and sprinklers with temperature ratings between 175 and 225 degrees F as Intermediate. NFPA 13, 1999 Edition, Standard for the Installation of Sprinkler Systems, 5-1.1 requires spacing, location, and position of sprinklers shall be based on the following principles: (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution. This deficient practice could affect approximately 24 resident in the main dining room.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 03/06/14 at 2:20 p.m., there was a green liquid filled Intermediate rated sprinkler head (200 degrees F) above the dish machine in the kitchen and the remaining sprinkler heads in the kitchen were the red liquid filled Ordinary rated sprinkler heads (155 degrees F). Based on an interview with the Director of Plant Operations at the time of observation, he confirmed the temperature ratings of the sprinkler heads and stated he had questioned the sprinkler inspection company about the placement of the high temperature sprinkler head.</p>		<p>replaced to comply with Life Safety Code K056.</p> <p>2. All sprinklers in kitchen are now red filled ordinary rated sprinkler head at 155 degrees F.</p> <p>3. Executive Director/Designee will inservice Plant Ops Director on regulation K056. Sprinkler system will be inspected quarterly to ensure compliance.</p> <p>4. The results of these inspections will be reviewed in QA following quarterly inspection. Date of compliance is March 20, 2014</p>				

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	3.1-19(b)			