

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155482	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/16/2015
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NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1802 E DOWLING ST KENDALLVILLE, IN 46755
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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: 02/16/2015</p> <p>Facility Number: 000529 Provider Number: 155482 AIM Number: 100267140</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist and Scott Wytosick, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kendallville Manor 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, areas open to the corridors and battery operated smoke detectors in the</p>	K010000	<p>This plan of correction is to serve as Kendallville Manor's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Kendallville Manor or their management companies that the allegations contained in the survey report are a true and accurate portrayal of the provision of life safety and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. In lieu of a revisit, we respectfully request a Desk Review.</p>	

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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K010025 SS=E	<p>resident rooms. The facility has a capacity of 60 and had a census of 33 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a barn and a shed providing facility services that were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/20/15.</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 Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 2 smoke barrier walls were protected to maintain the</p>	K010025	<p>1.The 100 hall smoke barrier wall unsealed penetration in the smoke barrier has been caulked using fire barrier sealant CP 25WB. 2.The maintenance director toured the facility and</p>	03/02/2015			

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K010029 SS=E	<p>smoke resistance of each smoke barrier. LSC Section 19.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect two of three smoke compartments.</p> <p>Findings include:</p> <p>Based on observations with maintenance director on 02/16/2015 at 4:37 p.m. the 100 hall smoke barrier wall had an unsealed penetration. Above the ceiling tile was the unsealed penetration which was a 3/8" hole to allow phone cables to pass through. Based on interview, this was acknowledged by the maintenance director at the time of observations.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾</p>		<p>found no other areas in need of fire barrier sealant within the smoke barrier walls. 3.In the event a project may involve wiring that would cause an opening in a smoke barrier wall, a fire barrier sealant will be used to seal the opening. 4.In the event a project is scheduled that will affect a smoke barrier wall, at the completion of the project the maintenance director will ensure the fire barrier sealant has been applied correctly. Completed 3/2/2015.</p>				

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K010056	<p>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, the facility failed to ensure 1 of 2 doors serving hazardous areas such as a kitchen were equipped with positive latching doors to prevent the passage of smoke. This deficient practice could affect approximately 20 residents.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 02/16/2015 at 3:25 p.m., the door entering the kitchen was equipped with only a deadbolt, which is not a positive latching device. Based on an interview with the maintenance director, at the time of observation, a crash bar was recently removed, and a new deadbolt was installed on the door.</p> <p>3.1-19(b)</p> <p>NFPA 101</p>	K010029	<p>1.The kitchen door was equipped with a positive latching knob to prevent the passage of smoke. (See attached invoice.)</p> <p>2.All our fire doors are self-closing and positive-latching devices to prevent the passage of smoke. 3.Weekly, during rounds, the maintenance director checks all fire doors to ensure they are self-closing, positive-latching devices to prevent the passage of smoke. 4. During evaluation of fire safety drills, the maintenance director ensures all fire doors close properly. Fire drills are held monthly and documented per the Fire Drills form. Completed 3/2/15.</p>	03/02/2015

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SS=D	<p>LIFE SAFETY CODE STANDARD</p> <p>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 6 kitchen sprinkler heads installed was at least four inches from the wall. NFPA 13, 5-6.3.3 requires upright and pendant sprinkler heads shall be installed at least four inches from the wall. This deficient practice was not in a resident care area but could affect any number of staff.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 02/16/2015 at 3:22 p.m., the sprinkler head next to the kitchen hood system was mounted two and a half inches from the wall. Upon interview with the maintenance director at the time of observation, he acknowledged the sprinkler head was two and a half inches from the wall.</p>	K010056	<p>1. The wet pendent sprinkler in the kitchen near the ansul hood was moved to at least 4" away from the wall per specifications.</p> <p>2. There are 6 correctly installed wet pendent sprinkler heads in the kitchen.</p> <p>3. Maintenance Director has located sprinkler heads throughout the facility to ensure proper distance from walls per specifications.</p> <p>4. SafeCare performs a bi-annual sprinkler head inspection throughout the facility. This was recently completed 2/19/15. Completed 3/5/15.</p>	03/05/2015

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K010070 SS=E	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 space heaters was equipped with a heating element which would not exceed 212 degrees Fahrenheit (F). This deficient practice, in the dietary office, which is adjacent to the nurse's station where 5 residents were currently located at the time of discovery.</p> <p>Findings include:</p> <p>Based on observation with maintenance director on 02/16/2015 at 3:37 p.m.. in the dietary office, an open coil space heater was discovered on the floor. Based on interview at the time of observation with the maintenance director, he was unable to provide documentation to confirm the space heater element did not exceed 212 degrees (100 degrees C). This deficient practice was in the dietary office, which is adjacent to the nurse's station where 5 residents were currently</p>	K010070	<p>1. The space heater in the dietary office was removed upon discovery by the Maintenance Director. 2. Maintenance Director performed a facility audit and found no additional space heaters. 3. All staff was informed about the policy of no space heaters within any resident care area (policy dated 2/16/2015). 4. Maintenance director performs a weekly inspection throughout the facility and has found no space heaters, either in resident care areas or within offices. Completed 3/5/15.</p>	03/05/2015

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K010144 SS=F	<p>located at the time of observation and interview.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 generators was in accordance with NFPA 99, 1999 Edition, Standard for Health Care Facilities. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator to be provided in a location readily observed by operating personnel at a regular work station. In addition, NFPA 101 at Section 4.6.12.1 requires that any device, equipment or system required for compliance with this Code shall be continuously maintained. This deficient practice could affect all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on an observation with maintenance director on 2/16/2015 at 4:08 p.m., when the toggle switch was</p>	K010144	<p>1. Remote enunciator toggle switch was placed in the "Auto" position where it has remained. 2. SafeCare was consulted to determine the next course of action. 3. SafeCare will add an indicator light to the remote enunciator panel to indicate if the system is off. Work scheduled for March 9, 2015. 4. Maintenance Director performs a weekly inspection throughout the facility and will include the remote enunciator panel. Estimated Completion date: 3/11/15.</p>	03/11/2015

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K010147 SS=E	<p>switched to the stop position the generator annunciator panel at the nurse's station failed to provide a audio or visual alarm. Based on an interview with the maintenance director at the time of observation, when the switch was in the stop position the load could not be transferred to the emergency generator.</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>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. 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 affects 5 residents at the nurse's station.</p> <p>Findings include: Based on observation with maintenance</p>	K010147	<p>1. In the Dietary Office, a power strip was used to power a portable space heater and was subsequently removed by the Maintenance Director. This practice had the potential to effect 5 residents at the Nurses Station. A multi-plug adapter was plugged into one outlet with a washer and two soaps dispensers plugged into it. This could potentially affect the facility staff in the laundry room. The maintenance director will replace the electrical box to a four-gang outlet. 2. Maintenance Director performed an audit of the facility and found no other multi-plug adapters or power cords with heaters plugged into them. 3. Staff informed about not</p>	03/11/2015

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	<p>director on 02/16/2015 at 3:37 p.m.. in the dietary office, a power strip was used to power a portable space heater. Based on interview at the time of observation with the maintenance director, he acknowledged and removed the power strip.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapter was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires 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 facility staff.</p> <p>Findings include:</p> <p>Based on an observation with the maintenance director on 02/16/2015 at 3:30 p.m., a multiplug adapter was located in the laundry room. A washer and two soap dispensers were plugged into a multiplug adapter. Based on interview at the time of observation, the mutliplug adapter was acknowledged by the maintenance director.</p>		<p>using power strips with heaters and Maintenance Director will replace the electrical box to a four-gang outlet. 4. No electric heaters are in use and no multi-plug adapters being used per weekly inspections by the Maintenance Director. Completed by 3/11/15.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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