STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/11/2012
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH RETIREMENT AND CONVALESCE		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804	

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K0000	A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/11/12 Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880 Surveyor: Bridget Brown, Life Safety Code Specialist At this Life Safety Code survey, Meadows Manor North Retirement & Convalescent 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 was	K0000	Please consider this Plan of Correction as our allegation of compliance. <u>Disclaimer:</u> Meadows Manor North Retirement and Convalescent Center, Inc. (Meadows) does not believe and does not admit that any deficiencies existed before, during or after survey. Meadows reserve all rights to contest proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Meadows reserves all rights to raise all possible contentions and defenses is any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correcting should be considered as a waiver or any potential applicable peer review, quality assurance or self critical examination privileges which Meadows does not waive and reserve the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows offer its response, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to its residents.	

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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	determined to be of Type V (111) construction and was fully sprinklered, except as noted in K-56. The facility has a fire alarm system with hard wired smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has the capacity for 104 and had a census of 76 at the time of this survey. The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was in compliance with state law in regard to smoke detector coverage. All areas where residents have customary access were not sprinklered. All areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/17/12. The facility was found not in compliance with the aforementioned requirements as evidenced by:			

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K0051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 Based on observation and interview, the facility failed to maintain limited access for the circuit panel serving 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.	K0051	The lock was replaced on the circuit Breaker panel so that only authorized Personal shall have access. This item could potentially affect all residents as well as visitors and staff, as do all areas of fire safety. The Facility maintenance supervisor will monitor by visibly inspecting the lock to ensure it's proper operation. So that only authorized personal shall have access to this circuit breker panel.	10/12/2012

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	Findings include: Based on observation with the maintenance director and administrator on 10/11/12 at 1:10 p.m., the fire alarm system circuit breaker panel located in the employee break room was accessible to anyone. The maintenance director said at the time of observation, the lock was broken. 3.1-19(b)			

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K0056 SS=F	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			
	Based on observation and interview, the facility failed to provide complete sprinkler coverage for 4 of 4 resident sleeping room smoke compartments in a one story building of Type V (111) construction. LSC 19.1.6.2 requires one story facilities of Type V (111) construction be provided with complete sprinkler protection. This deficient practice affects all residents, staff, and visitors. Findings include: Based on observation with the maintenance director and administrator on 10/11/12	K0056	Fire sprinklers was installed on 10/12/2012 for all four residents shower Stalls. This item could potentially affect all residents as well as visitors and staff, as do all areas of fire safety. The facility maintenance supervisor will be the responsible person and will monitor by visibly inspecting the facility to ensure tht this type of finding does not recur.	10/12/2012

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	between 11:15 a.m. and 12:30 p.m., sprinkler protection was not provided for one of three shower stalls in each of four resident shower rooms. The maintenance director acknowledged at the time of observation, the area was not protected by the other sprinklers in the rooms. 3.1-19(b) 3.1-19(ff)			

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K0062 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 2 of 12 sprinkler heads in the kitchen 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 20 or more residents in the adjacent dining room and lounge. Findings include: Based on observation with the maintenance director on 10/11/12 at 1:40 p.m., two sprinkler heads in the kitchen were rusted, turning green and coated with a gray grime. The maintenance director agreed at the time of observations, the sprinkler heads were not in good condition. 3.1-19(b)	K0062	The two rusted sprinkler heads will be replaced no later than November 12, 2012. This item cold potentially affect all residents as well as visitors and staff, as do all areas of fire safety. The facility Manintenance supervisor will be the responsible person and will monitor by visibly inspecting all sprinkler heads for rust and corrosion to ensure that this type of finding does not recur.	11/12/2012

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