

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155064	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/09/2015
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NAME OF PROVIDER OR SUPPLIER APERION CARE KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S LAFOUNTAIN ST KOKOMO, IN 46902
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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: 02/09/15</p> <p>Facility Number: 000025 Provider Number: 155064 AIM Number: 100274850</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Aperion Care-Kokomo 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated detectors in all resident sleeping rooms. The facility has</p>	K010000		
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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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K010029 SS=E	<p>a capacity of 105 and had a census of 49 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached garage and the one detached rental pod which provided facility storage and were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/16/15.</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 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</p>						

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	<p>permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 7 doors leading to hazardous areas such as rooms greater than fifty square feet with combustible items would have doors with a self closing device. This deficiency could affect 24 residents on 100 hall south which is adjacent to the Dogwood room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/09/15 at 1:35 p.m. with the Administrator, the dogwood room across from the staff lounge on 100 hall south which was greater than fifty square feet contained thirty two boxes and was not provided with a door to separate the hazardous area from the corridor. Based on interview on 02/09/15 concurrent with the observation with the Administrator it was acknowledged the aforementioned hazardous area was not provided with a door to separate the room from the corridor.</p> <p>3.1-19(b)</p>	K010029	<p>K029 NFPA 101 Life Safety Code Standard</p> <p>The facility requests paper compliance for this citation.</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p> <p>The dogwood room had the 32 boxes removed from the area.</p> <p>2) How the facility identified other residents:</p> <p>An audit of the facility was</p>	02/19/2015	

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			<p>conducted to ensure there were no other hazardous areas without doors.</p> <p>3) Measures put into place/ System changes:</p> <p>The Executive Director or Designee will conduct a weekly audit of the facility to ensure there are no hazardous areas without doors.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months.</p> <p>ED/Designee will be responsible for oversight of these audits.</p> <p>5) Date of compliance: 2/19/2015</p>	

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K010070 SS=E	<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, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in non resident rooms. This deficient practice could affect any resident on Administrative hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/09/15 at 1:25 p.m. with the Administrator, one portable space heater was plugged in and running in the Business office adjacent to the Administrative hall. Based on interview on 02/09/15 concurrent with the observation, it was acknowledged by the Business office manager the space heater was being used and no documentation pertaining to the portable space heater was available for review.</p> <p>3.1-19(b)</p>	K010070	<p>K070 NFPA 101 Life Safety Code Standard</p> <p>The facility requests paper compliance for this citation.</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p> <p>The portable space heater in the business office has been removed from the facility.</p>	02/19/2015	

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			<p>2) How the facility identified other residents:</p> <p>An audit of the facility was conducted to ensure there were no more portable space heaters.</p> <p>3) Measures put into place/ System changes:</p> <p>The Executive Director or Designee will conduct a weekly audit of the facility to ensure there are no portable space heaters.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months.</p> <p>ED/Designee will be responsible for oversight of these audits.</p>	

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K010147 SS=E	<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 1 of 5 surge protectors, 1 of 3 multiplugs and 1 of 1 extension cords observed were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 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 16 residents on 100 hall south, 24 residents on 200 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 02/09/15 during the tour between 12:45 p.m. and 3:00 p.m. with the Administrator the following resident rooms used surge protectors, multiplugs and extension cords:</p> <p>a. Resident room #121 had an asthma machine plugged into a surge protector and the surge protector was plugged into</p>	K010147	<p>5) Date of compliance: 2/19/2015</p> <p>K147 NFPA 101 Life Safety Code Standard</p> <p>The facility requests paper compliance for this citation.</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p>	02/19/2015			

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	<p>an extension cord.</p> <p>b. Resident room #207 A had a surge protector plugged into a surge protector which powered the television set. Resident B used a surge protector to provide power to the medical bed.</p> <p>c. Resident room #213 used a six prong multiplug to power oxygen machine and a medical power chair.</p> <p>Based on interview on 02/09/15 concurrent with the observations it was acknowledged by the Administrator, the aforementioned surge protectors, multiplugs and extension cord were used to power the aforementioned electrical appliances.</p> <p>3.1-19(b)</p>		<p>Resident room #121 had the asthma machine plugged directly into wall. Resident Room #207A had the surge protector replaced with a single one. Resident B's medical bed was plugged directly into the wall. Resident room 213 had their oxygen machine and medical power chair plugged directly into the wall outlet.</p> <p>2) How the facility identified other residents:</p> <p>An audit of the facility was conducted to ensure there were no more wiring and equipment deficient practices..</p> <p>3) Measures put into place/ System changes:</p> <p>The Executive Director or Designee will conduct a weekly audit of 5 resident rooms to ensure there are no power strips or wiring issues.</p> <p>4) How the corrective actions will be monitored:</p>		

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