

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155325	X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2011
NAME OF PROVIDER OR SUPPLIER MEADOW VIEW HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 ANSON STREET SALEM, IN47167		
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K0000	<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: 03/14/11</p> <p>Facility Number: 000218 Provider Number: 155325 AIM Number: 100274800</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadow View Health and Rehabilitation 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 (000) construction and was fully</p>	K0000	Submission of the Plan of Correction does not constitute an admission by this facility of any fact or conclusion set forth in the statement of deficiency. This plan of correction is being submitted as required by law. We respectfully request this Plan of correction serve as our allegation of compliance as of 4/13/2011		

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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K0052 SS=C	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 128 and had a census of 83 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/17/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to ensure documentation for the testing of 46 of 46 smoke detectors was correct. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors be tested annually. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p>	K0052	The inspection company did complete the smoke detector testing but then there was clerical error on their documentation.No residents were found to be effected by this practiceAnnual testing will continue to be done as the Fire Code indicates and the documentation will be reviewed at the monthly QA meetings to assure all testing requirements are met. All emergency testing results will be review at monthly QA meeting to determine if there are any patterns/concerns or in compliance as code requires for 6 mths and then Quarterly there after as inspection are completed.	04/13/2011	

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	Based on review of the facility's quarterly fire alarm system inspection reports in the Inspections Book on 03/14/11 at 12:30 p.m. with the Maintenance Supervisor present, the four most recent quarterly fire alarm system inspection reports dated 02/28/11, 11/03/10, 08/11/10, and 05/13/10 all indicated on the cover page and the itemized list of devices the facility was provided with forty six Photo type smoke detectors, however, the most recent smoke detector sensitivity test report dated 08/27/09 indicated the facility was provided with thirty nine Photo type smoke detectors and seven Ion type smoke detectors. The sensitivity test report also indicated four of the smoke detectors failed and were replaced with Photo type smoke detectors. Two of the Ion type smoke detectors were replaced which left the facility with five Ion type smoke detectors. During interview at the time of record review, the Maintenance Supervisor acknowledged the discrepancy in the type of smoke detectors listed on the quarterly				

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K0067 SS=E	<p>fire alarm system inspection reports and the most recent sensitivity test report, and further indicated no other smoke detectors have been changed since the sensitivity test on 08/27/09.</p> <p>3-1.19(b)</p> <p>Based on observation and interview, the facility failed to ensure 2 of 7 egress corridors were not used as a portion of a return air system serving adjoining area rooms. Heating, ventilation and air conditioning (HVAC) ducting shall be installed in accordance with NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilating Systems. NFPA 90A, 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect residents in the northwest and northeast corridors which has a capacity of 66 and had a census of 48 at the time of this survey.</p> <p>Findings include:</p>	K0067	The local Mechanical Contractor that services the equipment at Meadowview did a study of the HVAC System that services the 2 wings in question. It was determined that the corridor is not used as a plenum because the corridor has supply and return air as well as the resident rooms also have supply and return air. I have attached a statement from the Mechanical Contractors.	04/13/2011	

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	<p>Based on observations on 03/14/11 during a tour of the facility from 9:45 a.m. to 10:30 a.m. with the Maintenance Supervisor, all resident rooms and support rooms in the northwest and northeast corridors were using the two egress corridors as a return air system. Based on an interview with the Maintenance Supervisor during the time of observation, there is a direct connection to the fire alarm system to the supply air fans so supply air shuts off when the fire alarm is activated; the supply air duct work had smoke detectors installed downstream of the air filters, and, when activated it shut off air supply fans; and HVAC ducts which penetrate smoke barrier walls have smoke dampers installed to prevent the transfer of smoke from one smoke compartment to another.</p> <p>3.1-19(b)</p>				

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K0144 SS=F	<p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p>	K0144	Emergency Stop Switch has been ordered.No Residents were affected by this practice.The Emergency Stop Switch has been ordered and request for work has been completed when part is available it will be installed.The Emergency Generator Stop Switch will be added to the Weekly PML on the Emergency Generator testing that is done weekly. The results of these testings will be brought to monthly QA meetings for review to determine if there are any concerns or if we remain in compliance. We will review these findings monthly for 6 months and if no concerns are noted the findings will be reviewed through regular PML intervals.	04/13/2011	

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	<p>Based on observation of generator equipment on 03/14/11 at 10:40 a.m. during a tour of the facility with the Maintenance Supervisor, evidence of a remote shut off device was not found for the generator, furthermore, during observation of the generator with the Maintenance Supervisor indicated the generator was powered with over 100 horsepower. Finally, based on interview at the time of observation, the Maintenance Supervisor indicated there was no remote shut off device for the generator.</p> <p>3.1-19(b)</p>				

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K0147 SS=E	Based on observation and interview, the facility failed to ensure 6 of 6 power strips observed were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. 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 up to 8 residents in resident rooms 2, 8, 9, and 207, and up to 24 residents, as well as staff and visitors while in the Annex Dining Room which was adjacent to the Annex Mechanical Room.	K0147	All Medical Equipment was removed from power strips immediately.No residents were affected by this practice.All medical equipment has been removed from power strips nursing staff is to be inserviced that medical equipment can not be plugged into power strips.Weekly audit will be done by maintenance to ensure the policy is being followed and that no medical equipment is plugged into power strips these audits will be reviewed at monthly QA meeting to determine if there are any patterns/concerns or if we are in compliance. This will be reviewed for 6 months to determine compliance.	04/13/2011	

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	<p>Findings include:</p> <p>Based on observations on 03/14/11 between 9:45 a.m. and 12:00 p.m. during a tour of the facility with the Maintenance Supervisor, the following resident rooms had medical equipment including beds, breathing machines, and oxygen concentrators plugged into power strips: Rooms 2 (two power strips), 8, 9, and 207. One power strip in room 2 was wedged between the bed mattress and wall. Furthermore, there were two gas fired water heaters plugged into a power strip in the Annex Mechanical Room adjacent to the Annex Dining Room. This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>				