

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155672	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/19/2014
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NAME OF PROVIDER OR SUPPLIER  HAMILTON GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 31869 CHICAGO TR NEW CARLISLE, IN 46552
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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: 08/19/14</p> <p>Facility Number: 000427 Provider Number: 155672 AIM Number: 100275150</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hamilton Grove was found in substantial 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 resident rooms and in areas open to the corridors. The facility has a capacity of 85 and had a census of 77 at</p>	K010000		

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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K010074 SS=B	<p>the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/21/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance</p>			

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	<p>with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>Based on observation and interview, the facility failed to ensure curtains in 10 of 56 rooms were flame retardant. This deficient practice could affect at least 10 residents as well as visitors or staff throughout the facility.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a tour of the facility from 9:45 a.m. to 11:00 a.m. on 08/19/14, window curtains were noted in resident rooms 1100, 1102, 1104, 1107, 1109, 1114, 1115, 11,16, 1132 and 1135 which lacked attached documentation indicating they were inherently flame retardant. Based on interview at the time of observation with the Director of Maintenance, there was no documentation regarding flame retardancy for the aforementioned curtains available for review.</p> <p>3.1-19(b)</p>	K010074	<p>This Plan of Correction constitutes Hamilton Grove's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of correction is submitted to meet requirements established by state and federal law. It is the policy and practice of Hamilton Grove to ensure Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. No residents were adversely affected by this alleged practice For the 10 residents rooms identified in this citation, a letter was sent to families instructing then to produce documentation verifying that decorative curtains provided to their family member are either fire rated or a fire retardant material was applied. In the absence of documentation, families have been asked to remove the curtains by September 17, 2014 or they will be removed by staff and delivered back to them for further processing. In addition, all resident rooms (85) were inspected and any custom</p>	09/18/2014	

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			curtains not in compliance a similar letter of instructions were issued to the resident's families. Any new window dressings (curtain, drapes, shades etc.) family introduces to facility rooms must undergo an inspection by the Director of Environmental Services/Designee prior to their installation. Documentation attesting to the fire resistance rating will be maintained in the resident's business file and recorded with the Environmental services. The Administrator/Designee will review all documentation related to fire ratings for new window dressings as they are installed for compliance. This information will be submitted to the Quality Assurance Committee for further review and recommendations. <b>The date these systemic changes will be completed: September 18, 2014</b>		