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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155493 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 02/16/2012 |
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| NAME OF PROVIDER OR SUPPLIER SCENIC HILLS CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 311 E FIRST ST FERDINAND, IN 47532 |
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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: 02/16/12</p> <p>Facility Number: 000534 Provider Number: 155493 AIM Number: 100267220</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Scenic Hills Care 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 | <p>The submission of this plan of correction does not indicate an admission by Scenic Hills Care Center that the findings and allegations contained herein are an accurate and true representation of the quality of care and services provided to the residents of Scenic Hills Care Center. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner.</p> <p>The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs).</p> <p>To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p> | |
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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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| | <p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms are not provided with smoke detection. The facility has a capacity of 91 and had a census of 76 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | |
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| K0025 SS=E | <p>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 1 of 4 smoke barrier walls provided at least a one half hour fire resistance rating. This deficient practice could affect any of the 76 residents, as well as staff and visitors while in the dining room or front lounge area.</p> <p>Findings include:</p> <p>Based on observation on 02/16/12 at 11:45 a.m. during a tour of the facility with the Maintenance Supervisor, the center hall smoke barrier wall in the attic between the dining room and the front lounge corridor had seven penetrations through the wall which were not fire stopped. The penetrations ranged in size from one half inch to two inches. This was acknowledged by the</p> | K0025 | <p>K025</p> <p>There were no residents that suffered ill effects from K025</p> <p>All resident have the potential to be affected by the alleged deficient practice and through corrective action the campus will ensure smoke barriers meet State and Federal fire resistance ratings where any additions of cable or any other penetration is properly sealed by the correct fire rated sealant.</p> <p>Systemic changes are the campus will have Plant Ops Dir. assist contractors when there is need of penetration of fire walls to ensure contracted agencies to meet NFPA standards. Contractor and Plant Ops or Designee will then check thereof; and document after each party agrees all is sealed. Completion Date 2/28/12</p> <p>Plant Operations Director or designee will monitor the proper</p> | 02/28/2012 | | | |

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| | Maintenance Supervisor at the time of observation. 3.1-19(b) | | completion of the smoke barriers and bring documentation and report results and to the Safety Committee X 12 months and quarterly there after. Completion Date 2/28/12 | |

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| K0051 SS=F | <p>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</p> <p>Based on observation and interview, the facility failed to install and maintain 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 3-8.1 allows fire alarm system components to share control equipment or operate as stand alone systems, but in any case, they shall be arranged to function as a single system. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively</p> | K0051 | <p>K051</p> <p>There were no residents that suffered ill effects from this finding.</p> <p>All resident have the potential to be affected by the alleged deficient practice and through corrective action the campus will assure Vanguard or whichever organization is responsible for monitoring Scenic Hills Care Center's alarm response will be notified and provide the facility with new switchboard with audible transmission at the nurses station.</p> <p>Systemic changes are the campus will monitor audible test, alarm, transmission signal, as</p> | 02/20/2012 |
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| | <p>annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 02/16/12 between 10:45 a.m. and 12:30 p.m. during a tour of the facility with the Maintenance Supervisor, the fire alarm control panel (FACP) was located at the front entrance nurses' station and the fire alarm communication panel (dialer) was located in the Maintenance Office. When the Digital Alarm Communicator Transmitter (DACT) in the Maintenance Office was placed in trouble from phone line failure (phone line # 1) at 11:10 a.m., the DACT did illuminate a yellow trouble signal, plus actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at the main FACP. The Maintenance Office was located in an area not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at any of the three nurses' stations. Based on</p> | | <p>well as, the name of the person receiving the signal on the fire drill flow sheet. Completion Date 2/20/12</p> <p>Plant Operations Director or designee will monitor alarm and time of alarm transmission signal Committee X 12 months and quarterly there after. Completion Date 2/20/12</p> | |

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| | <p>interview at 11:20 a.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to the main FACP.</p> <p>3.1-19(b)</p> | | | |
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| K0062 SS=E | <p>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</p> <p>Based on observation and interview, the facility failed to ensure 7 of over 400 sprinkler heads in the facility were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect any of the 76 residents, as well as staff and visitors while in the vicinity of the front porch/carport area.</p> <p>Findings include:</p> <p>Based on observations on 02/16/12 between 10:45 a.m. and 12:30 p.m. during a tour of the facility with the Maintenance Supervisor, the seven sprinkler heads under the front porch/carport overhang were covered with corrosion. This was</p> | K0062 | <p>K062 There were not any residents affected by the alleged deficit. All resident have the potential to be affected and through corrective action the campus will replacement of all sprinkler heads with any corrosion observed. Systemic changes are the campus will contract an outside agent to perform an replacement of sprinkler heads free of wear or corrosion to ensure proper sprinkler function to diminish risk of any obstructions. Completion Date 3/09/1209 Plant Operations Director or designee will monitor the completion of proper function of new sprinkler heads daily and report to the Safety Committee X 12 months and quarterly there after. . Completion Date 3/09/12</p> | 03/09/2012 | | | |

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| | <p>acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> | | | |
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