

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155273	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2012
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NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4255 MEDWELL DR NEWBURGH, IN 47630
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K0000	<p>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).</p> <p>Survey Date: 07/19/12</p> <p>Facility Number: 000173 Provider Number: 155273 AIM Number: 100290920</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Cypress Grove 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</p>	K0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law. Cypress Grove Nursing and Rehabilitation Center desires this Plan of Correction to be considered the facility's Allegation of Compliance effective August 17, 2012.	

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>determined to be of Type V (000) 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 smoke detectors in all resident rooms. The facility has a capacity of 100 and had a census of 86 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered.</p> <p>There were four, eight foot by twelve foot, and one, twelve foot by sixteen foot wood framed portable sheds located outside the east unit east exit and filled with activity storage, Central Supply storage, Dietary storage, and Therapy storage which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/25/12.</p>			

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	The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 16 hazardous area room doors such as a kitchen service door was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect any of the 86 residents as well as staff and visitors while in the dining room.</p> <p>Findings include:</p> <p>Based on observation on 07/19/12 at 11:50 a.m. during a tour of the facility with the Maintenance Director, the metal rolling door for the kitchen service</p>	K0021	<p><u>K 021</u></p> <p>- Purchase Requisition has been approved and parts have been ordered to replace the metal rolling door in the kitchen and ensure the fusable link tied to the fire panel. It includes 2 panics and relay with transformer to ensure compliance with the fire alarm and actuation. SafeCare of Indianapolis has ordered the parts to replace this door and ensure it meets the requirements.</p>	08/17/2012	

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	<p>window was held open with a chain and fusible link which would not allow the door to close automatically when the fire alarm system is actuated. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>			

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K0048 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a complete written evacuation and fire safety plan for the protection of 86 of 86 residents in the event of an emergency addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p>	K0048	<p><u>K 048</u></p> <p>- It is the policy of Cypress Grove nursing and rehabilitation center to maintain a complete written evacuation and fire safety plan. The current evacuation and fire safety plan was amended to specifically address the evacuation of smoke compartments and the use of the K-class fire extinguisher. Additionally, staff management related to the activation of the battery operated smoke detectors was added. All staff will be inserviced on this policy change before August 17, 2012. All new staff will be educated on the center's fire safety plan during general orientation per facility policy.</p> <p>In addition to conducting monthly fire drills, one per shift, the Maintenance director or designee will conduct random interviews weekly of five employees to ensure compliance. Results of those audits will be reported to the Quality Assurance committee for recommendations.</p>	08/17/2012

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	<p>Based on a review of the facility's written Evacuation Plan and Fire Procedure in the Emergency Preparedness Plan Manual on 07/19/12 at 2:15 p.m. with the Maintenance Supervisor present, the evacuation plan did not include information for the evacuation of the smoke compartment. Also, the fire safety plan did not address the use of the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system, furthermore, the fire safety plan did not address staff reaction to a resident room battery operated smoke detector if actuated. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the evacuation and fire safety plan was not a complete plan.</p> <p>3.1-19(b)</p>			
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K0062 SS=E	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 500 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 up to 50 residents, as well as staff and visitors in the east unit while in the vicinity of the Nurses's Station.</p> <p>Findings include:</p> <p>Based on observation on 07/19/12 at 11:25 a.m. during a tour of the facility with the Maintenance Supervisor, the sprinkler head in the record storage room across from the east</p>	K0062	<p><u>K 062</u></p> <p>- The sprinkler head in the record room across from the east unit nurses' station was replaced on 08/01/2012. The work was completed by Tri-State Fire Protection located in Newburgh, Indiana.</p>	08/01/2012

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	<p>unit Nurses' Station was covered with corrosion. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			