

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155319	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/05/2015
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NAME OF PROVIDER OR SUPPLIER CLINTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 375 S 11TH ST CLINTON, IN 47842
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K 0000 Bldg. 01	<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: 08/05/15</p> <p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>At this Life Safety Code survey, Clinton Gardens 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The was facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 100 and</p>	K 0000	<p>The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the communitie's desire to comply with the requirements and to continue to provide a safe and functional environment for our residents. Clinton Gardens would like to respectfully request a desk review of the following plan of correction</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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K 0029 SS=E Bldg. 01	<p>had a census of 90 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage which was not sprinklered.</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 permitted. 19.3.2.1 Based on observation and interview, the facility failed to provide an automatic closer for a door providing access to a hazardous area such as a combustible materials storage room larger than 50 square feet in 1 of 5 smoke compartments. Sprinklered hazardous areas are required to be equipped with self closing doors or with doors that close automatically upon activation of the fire</p>	K 0029	<p>No residents were affected. All residents have the potential to beaffected. Automatic door closureinstalled immediately. Any changes to doors and storage areaswill be inspected for need of automatic closure. Environmental Safety CQI will be completed weekly x1 month,monthly x4 months and quarterly thereafter. ED will monitor for compliance.</p>	08/14/2015

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K 0044 SS=E Bldg. 01	<p>alarm system. This deficient practice could affect visitors, staff and 20 or more residents in the main dining room smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 08/05/15 at 12:10 p.m., doors separating the eight by sixteen foot activities supply storage room no self closing device. The rooms stored paper, plastic and cardboard wrapped supplies. The maintenance director said at the time of observations, he didn't know the door to this storage room was required to self close.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5 Based on observation and interview, the facility failed to ensure 2 of 3 fire door</p>	K 0044	No residents were affected by the practice. All residents have the potential to be	08/13/2015

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	<p>sets were arranged to automatically close and latch. LSC 7.2.4.3.8 requires fire barrier doors to be self closing or automatic closing in accordance with 7.2.1.8. NFPA 80, the Standard for fire Doors and Fire Windows at 2-4.1.4 requires all closing mechanisms shall be adjusted to overcome the resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice affects occupants in the entry and dining room smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 08/05/15 between 10:00 a.m. and 1:00 p.m., the fire door set near the front lounge and the fire door set near the laundry each had one door which failed to latch after closing upon activation of the fire alarm and when allowed to close manually. The maintenance director acknowledged at the times of observation, there was a problem with the latching mechanisms.</p> <p>3.1-19(b)</p>		<p>affected. The doors have been repaired so that they close properly and latch.</p> <p>Door will be checked for proper latch going forward.</p> <p>Doors will be monitored weekly x4 weeks, monthly x4 months and quarterly thereafter. ED will monitor for compliance.</p>		

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K 0062 SS=E Bldg. 01	<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 sprinkler heads in 1 of 5 smoke compartments were free of corrosion and/or foreign materials, such as grime. NFPA 25, 2-2.1.1 requires sprinklers to be free of foreign materials and corrosion. This deficient practice affects staff, visitors and 20 or more residents in the main dining room smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 08/05/15 at 12:20 p.m., 12 sprinkler heads in the kitchen had paint on the sprinkler, bracket and /or deflector. The maintenance director said at the time of observations, the kitchen had been newly renovated and painted.</p>	K 0062	<p>No residents were affected by the practice. All residents have the potential to be affected. The sprinkler heads have been cleaned of paint on brackets and deflectors. Sprinkler heads will be checked for paint when any painting or construction to occur and routinely. Sprinkler head/deflectors will be checked weekly x4 weeks, monthly x4 months and quarterly thereafter. ED will monitor for compliance.</p>	08/14/2015
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K 0000 Bldg. 02	<p>3.1-19(b)</p> <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: 08/05/15</p> <p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>At this Life Safety Code survey, Clinton Gardens 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), and 410 IAC 16.2. The 2005 addition of 14 rooms on E wing was surveyed with Chapter 18, New Health Care Facilities.</p>	K 0000	The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the community's desire to comply with the requirements and to continue to provide a safe and functional environment for our residents. Clinton Gardens would like to respectfully request a desk review of the following plan of correction				

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	<p>The 2005 addition was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors and spaces open to the corridors. The facility has the capacity for 100 and had a census of 90 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage which was not sprinklered.</p>				