

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155386	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/02/2016
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NAME OF PROVIDER OR SUPPLIER LAURELS OF DEKALB	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 02/02/16</p> <p>Facility Number: 000574 Provider Number: 155386 AIM Number: 100266430</p> <p>At this Life Safety Code survey, Laurels of DeKalb 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 consisting of the 100, 200, 300 and 400 halls, the main dining room and the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in in the corridors, areas open to the corridors and battery operated smoke detectors in</p>	K 0000	<p>The Laurels of DeKalb wishes to have this submitted plan of correction stand as our written allegation of compliance. Preparation and/or execution of this plan does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements. Our date of compliance is March 3, 2016</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 0067 SS=F Bldg. 01	<p>the resident rooms. The facility has a capacity of 101 and had a census of 88 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached garage providing facility services including storage of beds, mattresses and snow blowers that was not sprinklered.</p> <p>Quality Review completed on 02/05/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 5 of 6 egress corridors were not being used as a portion of the return air plenum for heating, ventilating and air conditioning ductwork (HVAC) serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 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 affects the 100, 200, 300 and 400 halls therefore affecting all residents.</p>	K 0067	This facility respectfully requests a waiver of K067. The Life Safety Waiver request will be received by the State by 2/20/16.	03/03/2016			

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K 0000 Bldg. 02	<p>Findings include:</p> <p>Based on observations during a tour of the facility with the Administrator and the Director of Maintenance on 02/02/16 during the facility tour from 9:30 a.m. to 12:30 p.m., all resident rooms on the 100, 200, 300 and 400 halls were using the egress corridor as a return air system. Based on an interview at the time of observation, the Director of Maintenance confirmed the return air was exhausted into the corridor for all resident rooms.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/02/16</p> <p>Facility Number: 000574 Provider Number: 155386 AIM Number: 100266430</p> <p>At this Life Safety Code survey, The</p>	K 0000	The Laurels of DeKalb wishes to have this submitted plan of correction stand as our written allegation of compliance. Preparation and/or execution of this plan does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements. Our date of compliance is March				

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	<p>Laurels of DeKalb 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 new section of the building consisting of the 300 hall Therapy gym was surveyed with Chapter 18, New Health Care Occupancies.</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 in the corridors, areas open to the corridors and battery operated smoke detector in the resident rooms. The facility has a capacity of 101 and had a census of 88 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached garage providing facility services including storage of beds, mattresses and snow blowers that was not sprinklered.</p> <p>Quality Review completed on 02/05/16 - DA</p>		3, 2016		