

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  09/23/2013
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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: 09/23/13</p> <p>Facility Number: 000427 Provider Number: 155672 AIM Number: 100275150</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hamilton Grove 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident rooms and areas open to the corridors. The facility has a capacity of 85 and had a census of 82 at</p>	K010000	<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.</p>	

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>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 09/30/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 garage fire extinguishers was readily accessible at all times. Section 39.3.5 of the Existing Business Occupancies refers to Section 9.7.4.1. which states portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10. NFPA 10, Standard for Portable Fire Extinguishers, Section 1-6.3 requires fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. This deficient practice was not in a resident care area but could affect facility staff.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 09/23/13 at 2:45 p.m., access to the garage fire extinguisher was obstructed by an old ice machine. The Director of Maintenance confirmed the old ice machine obstructed access to the fire extinguisher at the time of observation.</p> <p>3.1-19(b)</p>	K010064	<p>K 064 It is the policy and practice of Hamilton Grove to provide portable fire extinguishers in all health care occupancies in accordance with 9.7.4.1No residents were adversely affected by this alleged deficiency.The ice machine positioned in front of the garage fire extinguisher was immediately removed from the area.No other areas of the building were similarly affected. Maintenance Director/Designee will check all secured fire extinguishers for obstructions during monthly inspections. Any obstructions discovered will be immediately noted and corrected.Administrator/Designee will review each weekly report for compliance and submit these reports to the Quality Assurance for further review and recommendations every 30 days or until we achieve 100% complianceThe Date by which the systemic changes will be completed is October 23, 2013</p>	10/23/2013			

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K010070 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation, record review and interview; the facility failed to provide a written policy for the use of 1 of 1 portable space heaters in the facility in accordance with NFPA 101, Section 19.7.8. This deficient practice could affect 4 residents in the Therapy department.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 09/23/13 at 3:06 p.m., a space heater was located in the reception area of the Therapy department. Based on record review with the Director of Maintenance Supervisor on 09/23/13 at 11:15 a.m., the facility does not have a written policy regarding the use of space heaters. Based on an interview with the Occupational Therapist at the time of observation, the Therapy department can hold up to four residents at a time.</p> <p>3.1-19(b)</p>	K010070	<p>K 70It is the policy and practice of Hamilton Grove to prohibit the use of portable space heaters in all health care occupancies with the exception of non-sleeping areas where staff and employees are located provided the heating elements of such devices do not exceed 212 degrees F. (100 degrees C).No residents were adversely affected by this alleged deficiency.Hamilton Grove is a mixed occupancy facility i.e., Healthcare, Assembly Occupancy and Residential Board and Care Occupancy. The Health Care Occupancy is divided by Fire Walls in accordance with NFPA 221 and by definition form a separate building for the purpose of Construction Classification. These same fire Walls serve as Horizontal Exits as defined in Section 7.2.4 of NFPA 101 Section 19.1.2.4. NFPA 101 permits exit into other contiguous occupancies that do not conform to health care provisions. The inspector misidentified the service/support building classified as Assembly Occupancy as being part of Healthcare Occupancy. The "reception area of the Therapy department" identified in</p>	10/23/2013	

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			<p>this citation has no requirements for space heaters. Therefore, Hamilton Grove has no policy regarding space heaters in Assembly Occupancy. In addition, this same reception area is inaccessible to residents and occupied by staff/employees only. Hamilton Grove's Healthcare Policy regarding portable-heating devices is derived from NFPA 101, Section 19.7.8: "Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212o F (100 C). "In a spirit of cooperation with the authority having jurisdiction and not required to do so, Administration immediately removed the portable heater from the service/support area. No other areas of either the Healthcare Occupancy or the Assembly Occupancy were affected by this alleged citation. Maintenance Director/Designee will review both Healthcare Assembly and Service Support building during weekly rounds to assure there are no portable heaters present. He will note this in his weekly report that will be reviewed by the Administrator/Designee. The weekly report will be submitted to the Quality Assurance Committee</p>	

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			monthly for 90 days then Quarterly thereafter or until 100% compliance is achieved. The Date by which the systemic changes will be completed is October 23, 2013	

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K010144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure the load testing for the past 12 of 12 months indicated a load test was conducted under operating temperature conditions, minimum exhaust gas temperatures or not less than 30 percent of the nameplate rating for the diesel powered emergency generator set. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating temperature conditions, maintaining the minimum exhaust gas temperatures or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all resident in the facility.</p>	K010144	<p>K 144 It is the policy and practice of Hamilton Grove to inspect emergency generators weekly and exercised under load for 30 minutes per month in accordance with NFPA 99 3.4.4.1 No residents were adversely affected by this alleged practice. The Director of Maintenance/Designee will test the emergency generator monthly under load for 30 minutes as required by NFPA 99. 3.4.4.1, NFPA 110. 6-4.2. The following formula designed to calculate 30% of load was added to the facility's Generator Set Maintenance Check List, Monthly Load Test form: "EXERCISE GEN SET UNDER LOAD. LOAD SET AS MUCH AS POSSIBLE. EXERCISE FOR AT LEAST (30) MINUTES. AT 30% OF 250 KVA WHICH IS 90.3 AMP OR GREATER AT OPERATING TEMP OF 175." The Administrator /Designee will review each month's report for compliance then submit his findings to the Quality Assurance committee for further review and recommendations for 90 days then quarterly thereafter or until 100% compliance is achieved. The Date by which the systemic changes will be completed is October 23, 2013</p>	10/23/2013			

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	<p>Findings include:</p> <p>Based on record review of the "Monthly Load Test" with the Director of Maintenance on 09/13/14 at 12:21 p.m., the generator test log showed a monthly load test for the past twelve months but the log did not indicate if the diesel generator was exercised under operating conditions, maintaining the minimum exhaust gas temperatures or not less than thirty percent of the EPS nameplate rating at least monthly, for a minimum of thirty minutes. This was confirmed by the Director of Maintenance at the time of record review.</p> <p>3.1-19(b)</p>						

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K010147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords such as an extension cord was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect approximately 10 residents in the Memory hall lounge.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 09/23/13 at 12:36 p.m., an extension cord was plugged in and providing power for an electrically powered recliner in the Memory hall lounge. This was acknowledged by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p>	K010147	<p>K 147 It is the policy and practice of Hamilton Grove to prohibit the use of flexible cords and cables as a substitute for fixed wiring of a structure as required by NFPA 70, Article 400-8. No residents were adversely affected by this alleged violation. The extension cable was immediately removed from the area. No other alleged violations were observed throughout the remainder of the health care facility. Director of Maintenance/Designee will check the health care units during his weekly rounds. Any discovery of extension cables will result in their immediate removal and noted on his weekly report. This report will be reviewed by the Administrator for compliance weekly, for 60 days then monthly thereafter or until 100% compliance is achieved. The Administrator's findings will be submitted to the Quality Assurance Committee for further review and recommendations. The Date by which the systemic changes will be completed is October 23, 2013</p>	10/23/2013			

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