

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155222	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/03/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902
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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: 10/03/13</p> <p>Facility Number: 000127 Provider Number: 155222 AIM Number: 100291430</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehabilitation-Kokomo 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 II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors, hard wired smoke detectors in resident</p>	K010000	K000 Preparation and execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set fourth on this statement of deficiencies. This plan of correction is prepared and or executed solely because required.	

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>rooms on 100 hall and battery powered smoke detectors in all other resident rooms. The facility has a capacity of 131 and had a census of 87 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/09/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 2 of 3 sets of double leaf corridor doors could latch independently into their door frames. This deficient practice could affect 22 residents on 200 hall and 32 residents on 300 west as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 10/03/13 during the tour between 12:00 p.m. and 2:00 p.m. with the Maintenance Supervisor, the following sets of double leaf corridor doors required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame:</p>	K010018	K018Two sets of double leaf corridor doors will latch independently. Crash bars to be installed on pantry doors in 200hall and 300 hall. This will allow doors to self close and latch securely and independently into the door frame. All necessary parts ordered and work to be completed by A1 locks. Completion estimated prior to or on Nov 2 2013.	11/02/2013			

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	<p>a. The double leaf doors on 200 hall next to room # 209.</p> <p>b. The double leaf doors on 300 hall west next to room # 305.</p> <p>Based on interview on 10/03/13 concurrent with the observations, it was acknowledged by the Maintenance Supervisor, the aforementioned corridor doors would not latch independently into their door frame.</p> <p>3.1-19(b)</p>			

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K010029 SS=E	<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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 12 doors to hazardous areas such as the kitchen would self close and latch securely into its frame. This deficiency could affect 8 residents observed in the dining room adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 10/03/13 at 1:20 p.m. with the Maintenance Supervisor, the south kitchen door adjacent to the dining room did not latch into its frame and was not provided with a closing device on the door. Based on interview on 10/03/13 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned kitchen door would not latch and was not provided with a self closer to ensure the door would close and</p>	K010029	K029Door to hazardous areas such the identified kitchen door will self close and latch independently securely into its frame without assistance. Egress crash bar will be installed on the kitchen door. All necessary parts ordered and work will be completed by A1 locks. Completion estimated prior to or on Nov 2, 2013.	11/02/2013			

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	latch without assistance. 3.1-19(b)			

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K010051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 10/03/13 at 2:56</p>	K010051	<p>K051 Fire alarm circuit breaker system located in the generator transfer switch room on 100 hall has the required identification. Fire panel in 100 hall adjacent to nurse's station has been marked in red and identified as fire alarm circuit control and accessible only to authorized personnel. Completed on Oct 3 2013.</p>	10/03/2013			

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	<p>p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker located in the generator transfer switch room on 100 hall lacked identification. Based on interview on 10/03/13 at 2:57 p.m. with the Maintenance Supervisor, it was acknowledged the circuit breaker was not labeled Fire Alarm Circuit Control.</p> <p>3.1-19(b)</p>				

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 armover sprinkler pipes observed in the facility was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practices could affect 32 residents on 300 west hall as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/03/13 at 2:36 p.m. and 3:22 p.m. with the Maintenance Supervisor, resident room # 211 was</p>	K010056	K056Room 211 has sprinkler pipe arm over within 24 inches. Room 211 had sprinkler pipe hanger installed within the 24inch regulation. Completed Oct 4, 2013	10/04/2013			

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	<p>observed to have a steel sprinkler pipe armover exposed at the ceiling of the south wall which was measured to be thirty inches in length.</p> <p>Based on interview on 10/03/13 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned armover steel sprinkler pipe exceeded twenty four inches in length and was unsupported.</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 multiplug adapters was not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, multiplug adapters, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 32 residents on 300 west hall adjacent to the laundry dryer room as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/03/13 at 1:33 p.m. with the Maintenance Supervisor, there was one, six prong multiplug adapter connected to a wall outlet which was used to power a carbon monoxide monitor, radio and fan. Based on interview on 10/03/13 concurrent with the observation with the Maintenance Supervisor, it was acknowledged it is the policy of the facility not to use multiplug adapters, however, the aforementioned room did use a six prong multiplug as a substitute for fixed wiring.</p> <p>3.1-19(b)</p>	K010147	K 147Six prong multi plug adapter in the laundry room has been removed per regulation. An outlet cover plate has been placed over the 2 plug electrical outlet. Completed Oct 3, 2013	10/03/2013			

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