

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155796	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2014
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NAME OF PROVIDER OR SUPPLIER CEDARS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 14409 SUNRISE CT LEO, IN 46765
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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: 02/17/14</p> <p>Facility Number: 001215 Provider Number: 155796 AIM Number: 100450890</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Cedars 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 section of the building consisting of the 300 hall, 400 hall and the main dining area was surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered.</p>	K010000		

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 facility has a fire alarm system with smoke detection in the corridors, in areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 65 and had a census of 50 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a barn providing facility services that was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/20/14.</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=B	<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 1¼ 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 1 of 1 sets of Conference/Library room corridor doors closed and automatically latched into the door frame. This deficient practice could affects 11 residents in 400 hall.</p> <p>Findings includes:</p> <p>Based on observation with the Maintenance Supervisor on 02/17/14 at 12:46 p.m., the Conference/Library room was provided with double corridor doors. One door was equipped with a manual latching device that would latch into the door frame and the remaining door was designed to latch into the stationary door. Each door could not latch automatically, and independent of</p>	K010018	The corrective action to fix the potential problem of a non-working smoke barrier with a manual latch, an automatic latch with door closers will be installed. The 11 (eleven) residents will be better protected by an automatic closer, ensuring it acts as a smoke barrier. This deficiency will be corrected by March 31, 2014. The Maintenance Supervisor will oversee the installation of the closers by Moss Engineering. A review of the closers operation will be reviewed at Quarterly Compliance.	03/31/2014	

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K010062 SS=F	<p>the other door, into the door frame. The Conference/Library room did not have a smoke detector. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <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 record review and interview, the facility failed to ensure 1 of 1 automatic dry sprinkler piping systems was inspected every five years as required by NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 02/17/14 at 11:55 a.m., the Koorsen Fire & Security "Sprinkler Inspection Report" dated 11/08/13 provided no documentation to indicate an internal inspection of the pipes on the attic dry system had been done in the past five years. Based on an</p>	K010062	The deficiency of a visual sprinkler internal pipe inspection will be done by Koorsen Fire and Security on or before March 14, 2014. The maintenance Supervisor will make sure a visual inspection is completed again within 5 years.	03/14/2014

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K010076 SS=E	<p>interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure combustible materials were separated from oxygen storage equipment in 1 of 1 oxygen storage areas. NFPA 99, the Standard for Health Care Facilities, Section 8-3.1.11.2(c)2 requires oxidizing gases such as oxygen shall be separated from combustibles by a minimum distance of five feet in a fully sprinklered building. This deficient practice could affect 10 residents in the 200 hall.</p> <p>Findings include:</p>	K010076	To correct the deficiency of combustible materials and oxygen storage not within a safe distance of each other, all cardboard will be removed and a separation of a 5 foot spacing between oxygen storage and shelving. This deficiency will be corrected on or before 3-14-14. To keep this from reoccurring, the oxygen room will be inspected by the Maintenance and Housekeeping Supervisors on a daily basis. Oxygen storage reports will be monitored at Quarterly Compliance meetings for 1 year.	03/14/2014

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K010147 SS=D	<p>Based on an observation with the Maintenance Supervisor on 02/17/14 at 1:06 p.m., combustible material such as cardboard boxes and plastic items were stored within five inches of stationary liquid oxygen containers in the oxygen storage room. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <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 was not in a resident care area but could affect facility staff.</p> <p>Findings include:</p>	K010147	The deficiency of an extension cord in the activity supply room was corrected on 2-17-14 by replacing the extension cord with a surge protector. This deficiency will be controlled by staff education of extension cords and visual inspections of all rooms and offices by the Maintenance and Housekeeping Supervisors on a weekly basis and reviewed quarter for 1 year through the QA process.	02/17/2014

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K020000	<p>Based on an observation with the Maintenance Supervisor on 02/17/14 at 12:30 p.m., an extension cord was plugged in and providing power for a light and a charger in the activity storage room. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <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: 02/17/14</p> <p>Facility Number: 001215 Provider Number: 155796 AIM Number: 100450890</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Cedars was found not in compliance</p>	K020000					

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	<p>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 extension of the 200 hall was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility with a basement 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, in areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 65 and had a census of 50 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a barn providing facility services that was not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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