

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155468	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2013
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NAME OF PROVIDER OR SUPPLIER BRECKENRIDGE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 325 W NORTHWOOD DR SULLIVAN, IN 47882
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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: 04/11/13</p> <p>Facility Number: 000525 Provider Number: 155468 AIM Number: 100267010</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Breckenridge Health and Rehabilitation Center 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 system wide hardwired smoke detection in corridors and spaces open to the corridors. Hardwired smoke</p>	K010000		
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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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	<p>detectors with local alarms were provided in 300 hall resident rooms and battery powered smoke detectors in resident sleeping rooms on the 100 and 200 halls. The facility has the capacity for 59 and had a census of 44 at the time of this survey.</p> <p>All areas with customary resident access and providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K010062 SS=F	<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 sprinkler waterflow alarm devices were tested quarterly for 2 of 4 quarters. NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at 2-3.3 requires waterflow alarm devices including, but not limited to mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. NFPA 25, 9-4.4.2.1 requires the priming level shall be tested quarterly. NFPA 25, 9-7.1 requires the fire department connections shall be inspected quarterly. NFPA 25, 1-8.1 requires records shall indicate the procedure performed (inspection, test, or maintenance), the organization that performed the work, the results and the date. Finally, NFPA 25, 1-8 requires records of inspection, test, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to valve inspections, flow, drain, and pump tests; and trip tests of dry</p>	K010062	<p>1) No occupants of the building were affected. This has been addressed.2) All residents have the potential to be affected. See corrective action plan below. 3) Safecare will come and complete Sprinkler inspection. This will be done prior to 5/11/13. Also, Safecare will replace Sprinkler head in med. room that had foreign material (paint) on it. 4) The Maintenance Director will add to monthly QA study to monitor that inspections of sprinkler system are done quarterly. Maintenance Director will also monitor sprinkler heads for any foreign material (paint, etc.) during monthly QA study. 5) The above corrective measures will be completed on or before 5/11/13.</p>	05/11/2013			

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	<p>pipe, deluge and preaction valves. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on a review of Sprinkler Inspection reports with the maintenance director 04/11/13 at 2:55 p.m., no quarterly sprinkler inspections for the fourth quarter of 2012 and first quarter of 2013 were found. The maintenance director looked through the documentation provided at the time of record review and confirmed the last record of a sprinkler system inspection was dated 08/20/12. He said at the time of record review, a new sprinkler contractor had been hired and he had no record of sprinkler system inspections done since August 2012.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler heads in the medicine room was free of foreign materials, such as paint. NFPA 25, 2-2.1.1 requires sprinklers to be free of foreign materials, paint and corrosion. This deficient practice affects staff, visitors and 10 or more residents in the center smoke compartment.</p> <p>Findings include:</p>						

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	<p>Based on observation with the maintenance director on 04/11/13 at 1:35 p.m., there was paint on sprinkler head in the medicine room. The maintenance director acknowledged the paint on the sprinkler head at the time of observations.</p> <p>3.1-19(b)</p>			

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K010130 SS=C	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, record review, and interview; the facility failed to ensure 2 of 2 boilers had unexpired certificates of inspection. LSC 19.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation on 04/11/13 at 1:25 p.m. with the maintenance director, two boilers in the mechanical room had certificates of inspection which expired 01/11/12. The maintenance director said at the time of observation, his insurance carrier had inspected the vessels 03/15/12 and stickers reflecting their visit were attached to them. The administrator provided records on 04/11/13 at 2:50 p.m. noting her calls to the state agency to get certificates of inspection. The last was dated 01/30/13 and noted, "a couple of weeks". The maintenance director explained that was the time frame for a visit by the state inspector. He did not know why the insurance company had not provided paperwork to obtain the certificates of inspection.</p>	K010130	<p>1) No occupants of building were affected. This has been addressed. 2) All residents have the potential to be affected. See corrective action plan below.3) Steve Pauley, Boiler inspector, here on 4/29/13. He stated boilers were in good working order and certificate would be mailed within 30 days. E-mail to be sent to Administrator's e mail address with approval of boilers. 4) The Maintenance Director will add to yearly QA study, the monitoring of the boiler certificates to make sure they are placed on boilers and up to date. 5) The above corrective measures will be completed on or before 5/11/13.</p>	04/29/2013			

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K010143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen transfer sites was separated by a one hour fire barrier. This deficient practice affects visitors, staff and 16 residents on the 200 hall.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the maintenance director on 01/30/07 at 12:10 p.m., the oxygen supply storage and transfer room was identified by signs on the door and by the maintenance director. The ceiling was constructed of a single sheet of drywall which could not provide a one hour separation from the attic space above. The construction was confirmed by the</p>	K010143	<p>1) No occupants of building were affected. This has been addressed. 2) All residents have the potential to be affected. See corrective action plan below.3) The Maintenance Director has added a sheet of drywall on ceiling of oxygen storage room to make sure it is separated by a one hour fire barrier. This was done on 4/25/13. 4) The Maintenance Director will add to yearly QA study, the monitoring of the oxygen room to make sure the one hour fire barrier is intact. 5) The above corrective measures will be completed by 5/11/13.</p>	04/29/2013	

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	<p>maintenance director at the time of observation.</p> <p>3.1-19(b)</p>			

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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 observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 04/11/13 at 1:25 p.m., the emergency generator was larger</p>	K010144	1) No occupants of building were affected. This has been addressed. 2) All residents have the potential to be affected. See corrective action plan below. 3) A remote stop station has been installed on the premises where the prime mover is located. outside the building. 4) The Maintenance Director will add to QA study, the monitoring of the remote stop station to make sure it is in working order and has not been tampered with. This will be monitored semi-annually.	04/29/2013	

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	<p>than 100 horsepower. The emergency shut off for the emergency generator was located on the generator. No remote shut off was observed. The maintenance director confirmed at the time of observation, there was no remote emergency stop for the generator.</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>1. Based on observation and interview, the facility failed to maintain 2 of 2 electrical outlets. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice affects visitors, staff and 9 or more residents on the 300 hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 04/11/13 between 11:30 a.m. and 3:00 p.m., wiring was exposed in an electric receptacle in the kitchen which was uncovered and the cover to an outlet in resident room 310 was destroyed leaving wiring exposed and a shard of the cover attached to the outlet. At the time of observations, the maintenance director acknowledged the condition of the receptacle coverings.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords was not used as a substitute for fixed wiring. NFPA 70, the National</p>	K010147	<p>1) No occupants of building were affected. This has been addressed. 2) All residents have the potential to be affected. See corrective action plan below. 3) The Maintenance Director has replaced the two electric receptacles, one in the kitchen and one in room 310. The extension cord in room 206 was removed. 4) The Maintenance Director will add to monthly QA study, the monitoring of electrical receptacles to make sure they are in place, intact and no wires are exposed. This included all receptacles in residents rooms as well as all in facility. Maintenance Director will also monitor for extension cords in residents rooms. None are to be used. 5) The above corrective measures will be completed on or before 5/11/13.</p>	04/29/2013			

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	<p>Electrical Code, 1999 Edition, 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 staff, visitors and 16 residents on the 200 hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 04/11/13 at 12:20 p.m., an extension cord located under the head of the resident's bed was used to provide power to equipment in resident room 206. The maintenance director said at the time of observation, he didn't know the cord was there.</p> <p>3.1-19(b)</p>			