

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155444	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2013
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NAME OF PROVIDER OR SUPPLIER NORWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3720 N NORWOOD RD HUNTINGTON, IN 46750
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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: 12/16/13</p> <p>Facility Number: 000463 Provider Number: 155444 AIM Number: 100290910</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Norwood 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, 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 halls 100, 200, 300 and the main dining room 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</p>	K010000	Preparation and/or execution of this plan does not constitute admission or agreement by the provider to the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law.	
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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>alarm system with smoke detection in corridors and in areas open to the corridor. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 88 and had a census of 56 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except a detached garage used for storage of maintenance equipment and parts, a detached shed used for storage of lumber and another detached shed used for storage of kitchen equipment.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/23/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect approximately 12 residents in the activity room.</p> <p>Findings include:</p> <p>Based on an observation with the maintenance director on 12/16/13 at 3:39 p.m., there was a hole in the ceiling of the activities office measuring two inches by five inches that was stuffed with fiberglass insulation. Based on an interview with the maintenance director at the time of observation, the nails in the drywall of the activity room ceiling pulled out causing the ceiling to drop.</p>	K010025	<p>The facility shall ensure all ceilings are continuous and are protected a one half hour smoke resistance rating. The Maintenance Director will repair the ceiling in the Activity Director's office to ensure continuous one half hour fire resistance. The Maintenance Director will review all the facility ceilings to see if there are any other openings. If observed. Those will also be repaired by 1/15/14. The Administrator shall monitor compliance and review with the QA Committee until compliance is obtained or for three months.</p>	01/15/2014			

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K010029 SS=E	<p>The ceiling was replaced and he said he didn't realize the office ceiling had also been affected.</p> <p>3.1-19(b)</p> <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 the corridor door to 1 of 2 shower rooms used for storage of soiled linen, therefore creating a hazardous area, was provided with latching hardware so the door could self close and latch into the frame. This deficient practice could affect 1 of 5 smoke compartments.</p> <p>Findings include:</p>	K010029	The facility shall ensure soiled linen barrels are maintained behind a door with latching hardware. The Maintenance Director shall complete an all-staff in-service regarding the requirements for maintaining soiled linen barrels in the soiled linen room where a latching door is present. The Maintenance Director shall complete weekly rounds of the soiled the soiled linen areas and shower rooms to see if they are being properly	01/15/2014
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K010052 SS=F	<p>Based on observation with the maintenance director on 12/16/13 at 2:56 p.m., the corridor door to the station 2 shower room lacked latching hardware and failed to latch into the door frame. The shower room contained a barrel with soiled linen. This was acknowledged by the maintenance director at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure 100 % of smoke detectors were maintained to assure reliability. NFPA 72, 7-4.1 requires fire alarm system equipment shall be maintained in accordance with manufacturer's instructions. The provided documentation failed to mention specific locations for the aged smoke detectors therefore this deficient practice could affect all of the residents.</p> <p>Findings include:</p>	K010052	<p>stored. The Administrator shall monitor compliance and review shall be completed by the QA Committee until compliance is obtained or for the next three months.</p> <p>Guardian or an alternate smoke detector/fire inspection service, shall be required to inspect all smoke detectors and specify the location of any smoke detectors which do not met the manufacturers or otherwise need repair or replacement. The Maintenance Director shall notify Guardian of this requirement and shall review each inspection to ensure it is completed. The Administrator shall monitor for compliance and review with the QA Committee for three months or until compliance is obtained.</p>	01/15/2014			

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K020000	<p>Based on record review with the maintenance director on 12/16/13 at 1:55 p.m., the Guardian "Inspection and Testing Form" dated 08/16/13 had the following statement in the comments section: Most of the smoke detectors are more than 10 years old. Manufacturer recommends being replaced. Based on an interview with the maintenance director at the time of record review, the smoke detectors had not been replaced.</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: 12/16/13</p> <p>Facility Number: 000463 Provider Number: 155444 AIM Number: 100290910</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Norwood Health and Rehabilitation Center was found in compliance with</p>	K020000	Preparation and/or execution of this plan does not constitute admission or agreement by the provider to the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law.				

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	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, 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 Therapy room and the electrical room where the generator switch is located was surveyed with Chapter 18, New 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 corridors and in areas open to the corridor. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 88 and had a census of 56 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except a detached garage used for storage of maintenance equipment and parts, a detached shed used for storage of lumber and another detached shed used for storage of kitchen equipment.</p>						

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K020052 SS=F	<p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure 100% of smoke detectors were maintained to assure reliability. NFPA 72, 7-4.1 requires fire alarm system equipment shall be maintained in accordance with manufacturer's instructions. The provided documentation failed to mention specific locations for the aged smoke detectors therefore this deficient practice could affect all of the residents.</p> <p>Findings include:</p> <p>Based on record review with the maintenance director on 12/16/13 at 1:55 p.m., the Guardian "Inspection and Testing Form" had the following statement in the comment section: Most of the smoke detectors are more than 10 years old. Manufacturer recommends being replaced. Based on an interview</p>	K020052	Guardian or an alternate smoke detector/fire inspection service, shall be required to inspect all smoke detectors and specify the location of any smoke detectors which do not met the manufacturers or otherwise need repair or replacement. The Maintenance Director shall notify Guardian of this requirement and shall review each inspection to ensure it is completed. The Administrator shall monitor for compliance and review with the QA Committee for three months or until compliance is obtained.	01/15/2014			

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	with the maintenance director at the time of record review, the smoke detectors had not been replaced. 3.1-19(b)			