

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155414	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/29/2014
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NAME OF PROVIDER OR SUPPLIER  LINTON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 A ST LINTON, IN 47441
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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: 05/29/14</p> <p>Facility Number: 000333 Provider Number: 155414 AIM Number: 100288370</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Linton Nursing 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 II (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery</p>	K010000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective June 15, 2014 to the Life Safety Code Recertification Survey conducted on May 29, 2014.</p>	
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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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K010050 SS=F	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 38 and had a census of 35 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except three detached wood sheds used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/03/14.</p> <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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to provide quarterly fire</p>	K010050	<b>K050 It is the practice of this facility to assure that fire drills</b>	06/15/2014			

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	<p>drill documentation for 2 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Life Safety Manual on 05/29/14 at 11:00 a.m. with the Plant Operations Director present, the facility lacked written documentation fire drills were conducted during the following shifts and quarters:</p> <p>a. Second shift (evening) of the fourth quarter (October, November and December) 2013</p> <p>b. Third shift (night) of the third quarter (July, August and September) 2013</p> <p>This was acknowledged by the Plant Operations Director at the time of record review.</p> <p>3.1-19(b)</p>		<p><b>are held quarterly on each shift in accordance with the regulation. The correction action taken for those residents found to be affected by the deficient practice include:</b></p> <p>There are no specific residents identified. Please see below for measures implemented and systems for monitoring.</p> <p><b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be affected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The Maintenance Director has been in-serviced related to assuring that a fire drill occurs quarterly on each shift. The Maintenance Director is responsible for assuring that this occurs. This will be monitored as part of the Quality Assurance process. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b></p> <p>A performance Improvement Tool has been implemented that will review the presence of fire drill quarterly on each shift. Any identified issues will be immediately corrected. The Administrator, or designee, will be responsible for completion of</p>				

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K010144 SS=C	<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 1 of 1 emergency generators was load tested with at least 30 percent of the nameplate rating. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having</p>	K010144	<p>the PI tool on a quarterly basis. The completed tools will be reviewed at theregularly scheduled QA meetings with additional recommendations as needed basedon the outcome of the tools. <b><i>The date the systemic changes will becompleted:</i></b> June 15, 2014</p> <p><b>K144 It is the practice of this facility to assure that the emergency generatorsare checked in accordance with the regulatory guidelines. The correction action taken for thoseresidents found to be affected by the deficient practice include:</b> There are no specific residentsidentified. Please see under systemsimplemented to assure compliance with this tag. <b>Other residents that have thepotential to be affected have been identified by:</b> Potentially all residents could beaffected. Please refer to systemsimplemented to assure compliance with this tag. <b>The measures or systematic changesthat have been put into place to ensure that the deficient practice does notrecur include:</b> The Maintenance Staff has</p>	06/15/2014	

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	<p>jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Monthly Generator Load Test documentation on 05/29/14 at 11:30 a.m. with the Plant Operations Director present, the generator log form documented the generator was tested monthly under load, however, documentation showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months was under the 30 percent requirement. The generator log form was provided with a column for load with the answer being between 5.4 percent during each of the past twelve months. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log showed the generator was exercised at 5.4 percent. Furthermore, when asked if the diesel generator has had a load bank test within the past twelve months, the Plant Operations Director said the generator was new on 03/27/13 and has never been load bank tested.</p>		<p>been in-service on assuring that the emergency generators are load tested with at least 30 percent of the nameplate rating at least annually in accordance with the regulatory guidelines. The Maintenance Director is responsible for assuring that the documentation properly reflects the weekly observations/reviews. Please see below for means of monitoring. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The Maintenance Director is responsible for assuring that the appropriate monthly checks for the emergency generators occurs in accordance with the regulations and that the review is documented on the preventive maintenance log. Also, the in-service included the required annual testing for generator load. In addition, a Performance Improvement Tool has been established to review the preventive Maintenance log to assure that it reflects the appropriate documentation including the annual required testing. This tool will be completed quarterly x3. The Administrator, or designee, will be responsible for completion of the tool which reviews the preventive maintenance documentation. Any identified issues will be immediately corrected. The PI tool will be</p>				

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	3.1-19(b)		reviewed at the regularly scheduled QA meetings with additional recommendations as needed based on the outcome of the tools. <b>The date the systemic changes will be completed:</b> June 15, 2014		