

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155341	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/04/2014
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NAME OF PROVIDER OR SUPPLIER  EASTGATE MANOR NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2119 E NATIONAL HWY WASHINGTON, IN 47501
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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: 12/04/14</p> <p>Facility Number: 000301 Provider Number: 155341 AIM Number: 100289090</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Eastgate Manor Nursing and Residential 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated</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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K010017 SS=E	<p>smoke detectors in all resident sleeping rooms. The facility has a capacity of 62 and had a census of 58 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, except a detached wood framed garage used for maintenance and facility storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/11/14.</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 Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift</p>			

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	shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 Based on observation and interview, the facility failed to ensure 1 of 3 open use areas were separated from the corridor by walls constructed with at least a thirty minute fire resistance rating extending from the floor to the roof/floor above or met an Exception. LSC 19.3.6.1, Exception #1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system shall be permitted to have spaces unlimited in size open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, or the smoke compartment in which the space is located is protected throughout by quick response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect any number of residents, as well as staff and visitors	K010017	Maintenance supervisor performed facility round to ensure compliance building wide. Hard wired smoke alarm was installed by licensed contractor and test performed on 12/8/2014.	12/08/2014

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K010018 SS=B	<p>while near the rear east exit door which included the vending machine area.</p> <p>Findings include:</p> <p>Based on observation on 12/04/14 at 11:15 a.m. during a tour of the facility with the Maintenance Supervisor, the vending machine closet was open to the corridor. Exception #1 requirement (c) of LSC 19.3.6.1 was not met as follows: The vending machine closet was not protected by an electrically supervised automatic smoke detection system, or the entire space was not arranged and located to allow direct supervision by the facility staff from nurses' stations or similar staffed space. 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 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</p>			

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K010029 SS=E	<p>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 2 sets of double doors to the corridor were equipped with positive latches and latched into the door frame. This deficient practice could affect any number of residents, as well as staff and visitors while near the rear east exit door next to the vending machine closet.</p> <p>Findings include:</p> <p>Based on observation on 12/04/14 at 11:21 a.m. during a tour of the facility with Maintenance Supervisor, the set of double doors to the Briefs closet did not automatically latch positively into the door frame, the left side door had to be manually latched with a slidebolt latch located at the top back side of the door. This was acknowledged by Maintenance Supervisor at the time of observation.</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</p>	K010018	Latch was installed to positively latch door into frame on 12/10/2014. Maintenance supervisor audited double doors building wide to ensure compliance.	12/10/2014

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	<p>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 1 sets of hazardous area double doors to the corridor, such as storage room doors, were equipped with positive latches that automatically latched into the door frames when closed. This deficient practice could affect any number of residents, as well as staff and visitors while in the area of the Medical Storage room which included the dining room.</p> <p>Findings include:</p> <p>Based on observation on 12/04/14 at 11:45 a.m. during a tour of the facility with the Maintenance Supervisor, the right side door of the Medical Storage room double doors was not provided with a positive latch that automatically latched into the door frames when closed. It was equipped with a manual slidebolt latch located at the top of the inside of the door. The Medical Storage room was over fifty square feet and filled with combustible material, such as, paper,</p>	K010029	Latch was installed on door to ensure that it positively latches into door frame on 12/10/2014. Maintenance supervisor performed an audit on double doors building wide to ensure compliance.	12/10/2014

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K010038 SS=E	<p>plastic, cardboard, and other items. 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 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure the means of egress through 1 of 10 exit doors were readily accessible. This deficient practice could affect any number of residents, as well as staff and visitors while needing to exit the southeast exit door near room 120.</p> <p>Findings include:</p> <p>Based on observations on 12/04/14 at 12:15 p.m. during a tour of the facility with the Maintenance Supervisor, the southeast exit door near room 120 was very difficult to open. After several tries the door was finally pushed open with much force by the Maintenance Supervisor. The door appeared to be stuck to the door frame and threshold. This was acknowledged by the Maintenance Supervisor at the time of</p>	K010038	Quote for door purchase and replacement obtained. Agreement made for exit door to be replaced by contractor. Maintenance audited exit doors building wide to ensure compliance with means of egress.	01/05/2015

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K010056 SS=E	<p>observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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 record review, observation and interview; the facility failed to provide an automatic sprinkler system that provided complete coverage in 1 of 6 smoke compartments. This deficient practice could affect any number of residents, as well as staff and visitors while near the rear east exit door which included the vending machine area and family lounge.</p> <p>Findings include:</p> <p>Based on record review on 12/04/14 at 10:00 a.m. with the Maintenance Supervisor present, quarterly sprinkler inspection reports dated 08/29/14,</p>	K010056	Licensed contractor to provide quote on service and facility will enter into an agreement for sprinkler head installment. Maintenance performed building wide audit to ensure compliance.	01/02/2015			

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K010062 SS=E	<p>05/27/14, 03/11/14, and 12/31/13 all stated "Head in the hall by the vending machines is too far off the wall and there is no coverage by the fire doors". Based on observation at 11:16 a.m. during a tour of the facility with the Maintenance Supervisor, there was only one sprinkler head in the corridor directly outside the vending machine closet, furthermore, there was a ten inch bulk head (from the ceiling down) three feet from the smoke barrier doors in this same area. There was no sprinkler coverage between the smoke barrier doors and bulk head and the only sprinkler head in this area would not provide complete sprinkler coverage to this area. Based on interview, 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 observation and interview, the facility failed to ensure the ceiling in 1 of 6 sprinklered smoke compartments was maintained to allow sprinkler heads to function to their full capability. This</p>	K010062	Escutcheons replaced immediately. Maintenance supervisor performed audit on sprinkler head building wide to ensure compliance.	12/05/2014

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K010069 SS=E	<p>deficient practice could affect any number of resident, staff and visitors while in the south smoke compartment which including the laundry, Rehab Gym, Beauty Shop, and employee Break Room</p> <p>Findings include:</p> <p>Based on observations on 12/04/14 between 11:00 a.m. and 1:30 p.m. during a tour of the facility with Maintenance Supervisor, escutcheons were missing from one sprinkler head in the employee break room and one sprinkler head in the room behind the dryers, which created a one half inch gap through the ceiling to the attic space above. This was acknowledged by Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial</p>	K010069	Licensed professional to perform hood cleaning and inspection. Cleaning and inspection to be scheduled semi-annually.	01/05/2015

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	<p>Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect mostly kitchen staff, plus any residents, staff and visitors while in the adjacent dining room.</p> <p>Findings include:</p> <p>Based on review of the kitchen range inspection reports in the Maintenance Manual on 12/04/14 at 10:46 a.m. with the Maintenance Supervisor present, there was no documentation available to</p>						

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K010147 SS=D	<p>show the kitchen range hood had been inspected semiannually during the past twelve months. The most recent range hood cleaning inspection report was dated 09/13/13. This was acknowledged by the Maintenance Supervisor at the time of record review.</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 power strips were not used as a substitute for fixed wiring in 1 of 40 resident rooms. LSC 19.5.1 requires utilities to comply with Section 9.1. 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 could affect one resident, as well as staff and visitors while in resident room 110.</p> <p>Findings include:</p> <p>Based on observation on 12/04/14 at</p>	K010147	<p>Nebulizer and concentrator immediately removed from power strip and plugged into wall receptacle. Maintenance Director performed building wide audit of power strip usage to ensure compliance. Maintenance director will perform rounds to check power strip usage daily for two weeks, 3x/week for two weeks, weekly for 4 months and monthly thereafter as needed. Results will be taken to the QAPI committee for evaluation. Non compliance may result in discipline up to termination.</p>	12/05/2014

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	12:00 p.m. during a tour of the facility with Maintenance Supervisor, resident room 110 was using a power strip providing power to a nebulizer and an oxygen concentrator. This was acknowledged by the Maintenance Supervisor at the time of observation.  3.1-19(b)				