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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155188 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 06/02/2015 |
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| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-GREENFIELD | STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DR GREENFIELD, IN 46140 |
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| K 0000 Bldg. 01 | <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: 06/02/15</p> <p>Facility Number: 000099 Provider Number: 155188 AIM Number: 100291140</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-Greenfield 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 smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has</p> | K 0000 | <p>June 16, 2015 Indiana State Department of Health 2 N. Meridian St. Indianapolis, IN 46204 Re: Kindred Transitional Care and Rehabilitation Greenfield. Plan of Correction Credible Allegation of Compliance Dear Ms. Rhodes, On June 2, 2015 a Life Safety Code Survey was completed at the above referenced Facility by the Division of the Long Term Care, Indiana State Department of Health. As a result of the inspection, the surveyor alleged that the Facility was not in compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the HCFA – 2567L with the Facilities Plan of Correction for the alleged deficiencies. The Plan of Correction does not constitute an admission by the Facility of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies. Please also consider this correspondence and the Plan of Correction to be the Facilities credible allegation of compliance. The Facility will achieve substantial compliance with the applicable certification requirements on July 1, 2015. Please notify me immediately if you do not find the Plan of Correction to be written credible evidence of the Facilities</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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| K 0144 SS=F Bldg. 01 | <p>a capacity of 197 and had a census of 134 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has four detached buildings providing facility storage services which were each not sprinklered.</p> <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 the remote manual stop for 1 of 1 emergency generators were provided with an alarm indicator and annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows: (a) Individual visual signals shall</p> | K 0144 | <p>substantial compliance with the applicable requirements as of this date. I am more than willing to provide you with additional evidence of compliance so you may certify the Facility is in substantial compliance with the applicable requirements. Thank-you for your assistance in regards to this matter. Please call me if you have any questions, 317-462-3311. Sincerely, Robert G. Newcomer, Administrator</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected the deficient practice? The emergency generator remote stop will be replaced to ensure that it is correctly functioning and has to be manually reset if pushed. Also, the generator / annunciator panel located at the TCU Nurse's Station will be repaired to provide an audible signal of system trouble due to the use of the emergency generator's remote stop.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Facility only maintains one generator and</p> | 06/30/2015 |

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| | <p>indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. [NFPA 110: 3-5.5.2] NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition, Section 1-3 states NFPA 110 applies to new installations of Emergency Power Supply System (EPSS). Section 3-5.5.2(d) requires battery-powered individual alarm</p> | | <p>annunciator panel.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice doe not recur? Maintenance Director and/or designee will complete weekly inspection x4 weeks and monthly thereafter through the Facilities Preventative Maintenance Program. The inspection will include the generator / annunciator panel to ensure that generator's emergency remote stop, when pushed, will provide an audible signal of system trouble.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Maintenance Director and/or designee will complete weekly inspection x4 weeks and monthly thereafter through the Facilities Preventative Maintenance Program. The inspection will include the generator / annunciator panel to ensure that generator's emergency remote stop, when pushed, will provide an audible signal of system trouble. Preventative Maintenance Generator logs will be reviewed at monthly Safety committee meeting to insure continued compliance.</p> <p>By what date the systemic</p> | |

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| | <p>indication to announce visually at the control panel the occurrence of any of the conditions in Table 3-5.5.2(d); additional contacts or circuits for a common audible alarm that signals locally and remotely when any of the itemized conditions occurs. A lamp test switch(es) shall be provided to test the operation of all alarm lamps listed in Table 3-5.5.2(d). Table 3-5.5.2(d) states a remote emergency stop indicator for the shutdown of the emergency generator shall be provided. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant and the Executive Director during a tour of the facility from 12:40 p.m. to 3:00 p.m. on 06/02/15, the emergency generator annunciator panel located at the TCU nurses station was not provided with a remote stop indicator for shutdown of the emergency generator. The remote stop switch for the emergency generator located outside the facility near the emergency generator remained depressed when the remote stop was pushed at 2:00 p.m. The emergency generator would not perform a manual start with the stop button depressed. The remote stop must be manually reset if depressed. In addition, the emergency</p> | | changes will be completed? June 30, 2015 | |

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| | <p>generator annunciator panel located at the TCU nurses station did not provide an audible signal of system trouble due to the use of the remote stop and was only provided with an unlabeled green indicator light which when illuminated indicates the generator is available for use. The emergency generator nameplate indicated the unit was manufactured in 2006. Based on interview at the time of observation, the Maintenance Assistant acknowledged the remote annunciator at the TCU nurses station was not provided with a remote stop indicator and did not provide an audible signal for shutdown of the emergency generator due to remote stop switch activation.</p> <p>3.1-19(b)</p> | | | | |