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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 10/01/2014 |
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| NAME OF PROVIDER OR SUPPLIER SEBO'S NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49TH AVE HOBART, IN 46342 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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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: 10/01/14</p> <p>Facility Number: 000366 Provider Number: 155469 AIM Number: 100288900</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Sebo's 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 facility was surveyed as three separate buildings due to the construction types of three sections of the building: Building 0102 originally built in 1951 as a house is of Type V (000) construction and is fully sprinklered; Building 0202</p> | K010000 | Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. | |

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>renovated in 1972 and 1999 was determined to be of Type II (111) construction and is now sprinklered; and Building 0302 built in 1999 was determined to be of Type V (111) construction and fully sprinklered, encompasses the north and southeast sections of the facility. The facility has one fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has smoke detectors in all resident sleeping rooms. The facility has a capacity of 138 and a census of 129 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/03/14.</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</p> | | | |

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| | <p>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</p> <p>Based on record review and interview, the facility failed to conduct fire drills on all shifts for 1 of 4 quarters for the past 12 months. This deficient practice affects all residents in the facility including staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill records on 10/01/14 at 3:15 p.m. with the Maintenance Supervisor, a fire drill report for the third shift of the second quarter of 2014 was not available for review. Based on interview on 10/01/14 at 3:17 p.m. with the Maintenance Supervisor, it was acknowledged the fire drill for the aforementioned shift of the second quarter of 2014 had not been done.</p> <p>3.1-19(b) 3.1-51(c)</p> | K010050 | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All residents have the potential to be affected by the alleged deficient practice. The fire drill that was performed on the day shift in the second quarter of 2014 recorded that staff is familiar with procedures and is aware that drills are a part of the established routine. Maintenance department was educated on the importance of completing the drill quarterly on each shift. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents have the potential to be affected by this alleged deficient practice. The fire drill that was performed on the day shift in the second quarter of 2014 recorded that staff is familiar with procedures and is aware that drills are a part of the established routine. Maintenance department was educated on the importance of completing the drill quarterly on each shift.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not</p> | 10/20/2014 |

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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</p> | | <p>recur; The Administrator/ designee conducted educational training with Maintenance Director Designee with emphases given on the importance of completing fire drills on each shift at unexpected times each quarter. Administrator/Designee will review the fire drill log monthly to ensure that drills are being performed at varying times and on each shift per quarter as required. A audit form will be kept and used to summarize for quality assurance committee review. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; The Administrator/designee will present a summary of the audit to the Quality Assurance committee monthly for three months. Thereafter, if determined by the Quality Assurance committee, a periodic review can be done quarterly.</p> | |

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| | <p>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 storage rooms where oxygen transfer occurs had continuously working electrically powered mechanical ventilation and a one hour fire resistive construction. This deficient practice could affect 20 residents on Blueberry hall as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on observation on 10/01/14 at 2:06 p.m. with the Maintenance Supervisor, the oxygen storage room Blueberry hall used to store and transfer oxygen was provided with a four inch diameter open air chute in the ceiling which penetrated to the outside, but did not have a working electrically powered mechanical vent and the door separating the oxygen transfer room from the corridor was listed as a twenty minute fire rated door. Based on interview on 10/01/14 at 2:08 p.m. it was acknowledged by the the Maintenance Supervisor this room was used to transfer</p> | K010143 | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The fire door located between the oxygen transferring station and the main hallway has a one and a half hour rating. The electrically powered vent in the storage room has been repaired and is functional.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected by this alleged deficient practice. This is the only storage room where oxygen is being transferred. This room will be placed on preventative maintenance schedule to ensure that vent is operating properly.</p> <p>What measures will be put into place or what systemic changes</p> | 10/20/2014 | | | |

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| | oxygen and believed it had an electrically powered vent which had stopped working. Also, the door separating the oxygen transfer room from the corridor was acknowledged to be a twenty minute fire rated door. 3.1-19(b) | | will be made to ensure that the deficient practicedoes not recur; The Maintenance Director/Designee willperform monthly checks to ensure that vent stays operational and in goodfunctioning order. How the corrective action(s)will be monitored to ensure the deficient practice will not recur, i.e., whatquality assurance programs will be put into place; Monthly the Administrator/Designee will review documentedchecks to ensure that room is properly vented. . The Maintenance Director /designee will present asummary of the maintenance checks to the Quality Assurance committee monthlyfor three months. Thereafter, ifdetermined by the Quality Assurance committee, auditing and monitoring will bedone quarterly. | | | | |