

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2012
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NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10TH ST MIDDLETOWN, IN 47356
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K0000	<p>Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 07/12/12 was completed on 10/12/12.</p> <p>Review Date: 10/12/12</p> <p>Facility Number: 000343 Provider Number: 155486 AIM Number: 100289600</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>Middletown Nursing and Rehabilitation Center was found in substantial 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>	K0000		
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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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K0048 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review, the facility failed to include the use of the kitchen portable K Class fire extinguisher in the written plan for the protection of residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire disaster plan labeled Middletown Nursing and Rehabilitation Center Emergency Fire Procedures on 10/12/12 at 4:30 p.m., the Emergency Fire Procedures did not address the use of the K-class fire extinguisher located in the</p>	K0048	the facility is having us automatic fire and security give training to staff on k class extinguishers on 10/30 2012 inservices training and new policies will be submitted to lifesafety code on 10/31/2012 after inservice	10/31/2012			

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	kitchen in relationship with the use of the kitchen overhead extinguishing system. 3.1-19(b)			