

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155738	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/24/2013
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NAME OF PROVIDER OR SUPPLIER  MILTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 206 E MARION ST SOUTH BEND, IN 46601
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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: 09/24/13</p> <p>Facility Number: 001141 Provider Number: 155738 AIM Number: 200905640</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Milton Home 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 two story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered. The entire facility was sureveyed since the first and second floor certified areas could use the exits provided in the assisted living part of the building. The</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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	<p>original building was constructed in 1952 with the nursing addition located on the first and second floors added in 1975. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and in all resident rooms. Resident sleeping rooms on the first floor have battery powered smoke detectors and resident rooms on the second floor have hard wired smoke detectors. The facility has a capacity of 34 and had a census of 28 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for the Front entrance vestibule and one garage which is used to store maintenance equipment.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/03/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010034 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4</p> <p>Based on observation and interview, the facility failed to ensure items stored in 2 of 3 interior fire escape stairways would not interfere with egress. LSC 7.2.2.5.3 requires usable space within an exit enclosure, including under stairs, or any open space within the enclosure shall not be used for any other purpose which could interfere with egress. This deficient practice affects any resident, visitors and staff using the north and south stairwells for evacuation.</p> <p>Findings include:</p> <p>Based on observations on 09/24/13 during the tour with the Maintenance Supervisor between 12:42 p.m. and 3:44 p.m., the usable space at the bottom of the the north exit stairwell in the basement and the usable space at the south exit stairwell in the basement were used to store several dressers, a chair, a table and a TV stand. Based on interview on 09/24/13 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned spaces in the exit stairwells were used to store miscellaneous items which could interfere with egress.</p>	K010034	K 034 101 Life Safety Code standard is met: I. All of the items have been removed from the North exit stairway in the basement. II.All exits have been checked by the Maintenance Director to ensure they are free of storage .III. The Maintenance Director or designee will do monthly rounds to ensure 100% compliance is maintained IV.The Maintenance Director will document findings and report results to the quarterly QA committee. V.This will be completed by October 10, 2013	10/10/2013			

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	3.1-19(b)			

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K010038 SS=E	<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</p> <p>1. Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 16 exit access doors in the basement was not equipped with 2 locking devices on the doors. Section 19.2.2.2.5 states means of egress are permitted to be locked, but only one locking device shall be permitted on each door. This deficient practice could affect 1 to 5 residents using the Rehabilitation learning room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 09/24/13 at 2:33 p.m. with the Maintenance Supervisor, the Rehabilitation learning room corridor door had a door knob lock and a deadbolt lock on the door leading out the room. Based on interview on 09/24/13 at 2:34 p.m. it was acknowledged by the Maintenance Supervisor there were two locking devices on the corridor door leading out of the Rehabilitation learning room.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure exit access</p>	K010038	<p>K038 NFPA 101 Life Safety Code standard is met:</p> <p>1. I. One lock has been removed from the door .II. All doors have been checked by the maintenance supervisor to ensure there is only one lock per door .III .The Maintenance Director or designee will do monthly rounds to ensure 100% compliance. IV.The Maintenance Director will document findings and report results to the quarterly QA committee. V.This will be completed by October 10,2013</p> <p>K038 NFPA 101 Life Safety Code standard is met:</p> <p>2. and 3. I. The first floor center exit was not designed for residential evacuation. This exit was only for product and construction delivery. Repair of the dock would involve removal and reconstruction of the entire structure. We currently have 3 other exits on the same floor, in addition to the dock exit. We propose to remove the exit signs, which direct evacuees to the dock door, and install exit signage directing evacuees to the other exist .Door leading to the dock doors will not have an exit sign .II . All exits will be checked for an exit sign by the Maintenance Supervisor III..Maintenance Supervisor or designee will do</p>	10/24/2013			

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	<p>was arranged so 1 of 10 exits was readily accessible at all times. LSC Section 7.2.5.4 requires handrails complying with 7.2.2.4 shall be provided along both sides of a ramp run with a rise greater than six inches. LSC Section 7.2.2.4.2, Exception # 3 requires an existing ramp shall have a handrail on at least one side. This deficient practice could affect 16 residents on first floor and 14 residents on second floor as well as visitors and staff if it was necessary to use the 100 hall ramp exit to evacuate the building.</p> <p>Findings include:</p> <p>Based on observation on 09/24/13 at 1:45 p.m. with the Maintenance Supervisor, the 100 hall secondary exit led to an exit discharge ramp which lacked handrails. The cement ramp was ten feet wide by fifteen feet long and was measured with the Maintenance Supervisor to have a slope of two inches to nine inches of walkway. Based on interview on 09/24/13 during the measurement at 1:50 p.m. with the Maintenance Supervisor, it was confirmed the slope measurement was accurate and no handrails were provided.</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview,</p>		<p>monthly rounds to ensure 100 % compliance is maintained. IV. The Maintenance Director will document findings and report to the QA committee quarterly .V. This will be completed by October 24, 2013</p>				

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	<p>the facility failed to ensure exit access was arranged so 1 of 7 exits were readily accessible at all times. LSC Section 7.1.6.2 states abrupt changes in elevation of walking surfaces shall not exceed one quarter inch. This deficient practice could affect 30 residents as well as visitors and staff using the secondary exit to evacuate.</p> <p>Findings include:</p> <p>Based on observation on 09/24/13 at 1:45 p.m. with Maintenance Supervisor, the secondary exit leading out of 100 hall on the first floor had a sudden and abrupt change of elevation of six inches just outside the exit door. There was no platform or ramp to assist residents onto the cement pavement below.</p> <p>Furthermore, the entire cement covered exit discharge surface was cracked and broken which provided an uneven surface to walk on. Based on interview on 09/24/13 at 1:48 p.m. with the Maintenance Supervisor, it was acknowledged a platform or a ramp were not provided for the residents to negotiate the sudden six inch drop from the exit door where the residents would evacuate and then onto the concrete exit dishcharge which was cracked and broken. It was further acknowledged by the Maintenance Supervisor, this exit was at the opposite end from the primary exit and the only</p>			

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	<p>other remote exit residents could use was over one hundred feet further into the Assisted living area.</p> <p>3.1-19(b)</p>			

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K010051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 09/24/13 at 2:10</p>	K010051	<p>K051 NFPA 101 Life Safety Code standard is met :I . The Maintenance Supervisor labeled the circuit breaker Fire Alarm Circuit control .II .The Maintenance Supervisor inspected all fire alarm boxes to ensure for proper labeling III..The Maintenance supervisor or designee will do monthly rounds of fire panels to ensure 100% compliance is met. IV.The Maintenance Director will document findings and report results to QA committee .V. This will be completed by October 10, 2013</p>	10/10/2013			

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	<p>p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker located in the boiler room in the basement lacked identification. Based on interview on 09/24/13 at 2:15 p.m. with the Maintenance Supervisor, it was acknowledged the circuit breaker was not labeled Fire Alarm Circuit Control.</p> <p>3.1-19(b)</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 observation and interview, the facility failed to ensure 1 of 38 rooms on first floor was provided with an automatic sprinkler head to ensure sprinkler coverage in all portions of the building. This deficient practice could affect all residents as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 09/24/13 at 12:50 p.m. with the Maintenance Supervisor, the Front entrance vestibule where the Fire Alarm Panel was located was not provided with sprinkler head protection. Based on interview on 09/24/13 concurrent with the observation it was acknowledge by the Maintenance Supervisor, the aforementioned room was not equipped with sprinkler protection in</p>	K010056	<p>K056 NFPA 101 Life Safety Code standard is met: I. The Maintenance Supervisor will have a sprinkler head installed in the front vestibule where the fire alarm panel is located .II . The Maintenance Supervisor inspected the facility to ensure all required areas have sprinkler heads. III. The Maintenance Supervisor or designee will do monthly rounds to ensure 100% compliance is maintained .IV. The Maintenance Director will document findings and report results to QA committee. V. This will be completed by October 24, 2013</p>	10/24/2013			

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	order to provide complete sprinkler coverage to all areas of the facility.  3.1-19(b) 3.1-19(ff)			

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K010062 SS=F	<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 provide a complete supply of spare sprinklers in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents throughout the facility as well as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 09/24/13 at 1:45 p.m. with the Maintenance Supervisor, there was only one pendant and no upright sprinkler heads in the spare</p>	K010062	<p>K062 NFPA 101 Life Safety Code standard is met :I . The Maintenance Supervisor will purchase 6 spare sprinkler heads II.The Maintenance Supervisor will ensure that all sprinkler heads are in working order III.The Maintenance Supervisor will replace spare sprinkler heads each time they are used to ensure 100% compliance is maintained .IV.The Maintenance Director or Designee will document the amount spare sprinkler heads in stock each month and report findings to the quarterly QA committee .V.This will be completed by October 24, 2013</p>	10/24/2013

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	<p>sprinkler cabinet located in the basement Riser room. Based on interview on 09/24/13 at 1:50 p.m. with the Maintenance Supervisor, it was acknowledged the spare sprinkler cabinet located in the basement Riser room did not have a minimum of two pendants or two upright sprinkler heads which were installed throughout the facility.</p> <p>3.1-19(b)</p>				

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K010147 SS=E	<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 1 of 1 extension cords was not used as a substitute for fixed wiring. 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 3 residents adjacent to the Rehabilitation office as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 09/24/13 at 3:11 p.m. with the Maintenance Supervisor, an extension cord with multiple outlets was used to power a printer and a Hydrocullator inside the Rehabilitation office located in the basement, instead of plugging the units directly into a wall outlet which was available. Based on interview on 09/24/13 at 3:12 p.m. it was acknowledged by the Maintenance Supervisor, an extension cord was used to provide power to the aforementioned units.</p> <p>3.1-19(b)</p>	K010147	<p>K147 NFPA101 Life Safety Code standard is met :I. The Maintenance Supervisor removed extension cord in the Rehabilitation office and installed a new hard outlet wire .II. The Maintenance Supervisor inspected the facility to ensure that all extensions cords are not in use .III .The Maintenance Supervisor or designee will do monthly rounds to ensure 100% compliance is maintained .IV. The Maintenance Supervisor or designee will document findings and report results in the QA committee .V. This will be completed by October 24, 2013</p>	10/24/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155738	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/24/2013
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NAME OF PROVIDER OR SUPPLIER  MILTON HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 206 E MARION ST SOUTH BEND, IN 46601			
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K010160 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2</p> <p>Based on observations, interview and record review; the facility failed to ensure the elevator equipment in 1 of 1 elevator equipment rooms was provided with a shunt trip. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. The elevator equipment rooms was located in the basement and could affect any resident using the elevator as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 09/24/13 at 2:59 p.m. with the Maintenance Supervisor, the elevator equipment room located in the basement below the Assisted living portion of the facility was provided with</p>	K010160	<p>K160 NFPA 101 Life Safety Code standard is met :I. A shunt trip will be installed in the elevator equipment room per regulation. II. The Maintenance Supervisor will inspect all equipment rooms in the facility. III. The Maintenance Supervisor or designee will do monthly rounds to ensure 100% compliance is maintained . IV. The Maintenance Supervisor will document findings and report results in the QA committee. V. This will be completed by October 24, 2013</p>	10/24/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155738	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/24/2013
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	<p>sprinkler head and smoke detector protection. Based on interview on 09/24/13 at 3:03 p.m. with the Maintenance Supervisor, it was acknowledged a shunt trip which is designed to automatically disconnect power to the affected elevator, had not been installed in the elevator equipment room. Based on the Sprinkler Inspection and Test Report record review on 09/24/13 at 3:25 p.m. with the Maintenance Supervisor, the elevator equipment room located in the basement below the Assisted living area was equipped with sprinkler head protection, however, there was no mention of a shunt trip installation in the room.</p> <p>3.1-19(b)</p>			