

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/24/2012
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NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064
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K0000	<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: 05/24/12</p> <p>Facility Number: 000248 Provider Number: 155357 AIM Number: 100291470</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rawlins House Health & Living Community 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, spaces open to the corridors and battery powered smoke detectors in</p>	K0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is <u>June 6, 2012.</u>	

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>resident sleeping rooms. The facility has a capacity of 110 and had a census of 99 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/31/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0029 SS=E	<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 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 metal rolling doors separating the kitchen, a hazardous area, from the corridor would close automatically with the fire alarm system to maintain a smoke resistant barrier. This deficient practice could affect 17 residents in the adjacent dining room on center hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/24/12 at 11:40 a.m. with the Maintenance Supervisor, the metal rolling door in the southwest kitchen wall which was open to the corridor was inspected annually, but did not release upon activation of the fire alarm system leaving a hazardous area open to the escape route corridor. Based on interview on 05/24/12 at 11:45 a.m.</p>	K0029	<p><u>K 029</u> L The metal rolling doors separating the kitchen from the corridor now close automatically with the fire alarm system to maintain a smoke barrier.</p> <p>II Seventeen residents, visitors and staff could be affected.</p> <p>III Systemic change is that the metal rolling doors separating the kitchen from the corridor now close automatically with the fire alarm system to maintain a smoke barrier.</p> <p>IV The Maintenance Director will monitor that the metal rolling door is operating with the fire system through auditing 1 time per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days, to total 12 months of monitoring. Results of audits will be reported to the QA committee</p>	06/06/2012	

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	with the Maintenance Supervisor, it was acknowledged by the Maintenance Supervisor the rolling metal door does not close automatically upon activation of the fire alarm system and would leave the escape route corridor unprotected. 3.1-19(b)		monthly for 12 months, to assist with additional recommendations if necessary. COMPLETION DATE: June 6, 2012		

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K0051 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 05/24/12 at 3:10</p>	K0051	<p><u>K 051</u></p> <p>I The fire alarm circuit disconnecting means now has a red marking, is accessible only to authorized personnel and is identified as FIRE ALARM CIRCUIT CONTROL.</p> <p>II All residents, visitors and staff could be affected by the deficient practice.</p> <p>III The systemic change is that the fire alarm circuit disconnecting means now has a red marking,, is accessible only to authorized personnel and is identified as FIRE ALARM CIRCUIT CONTROL.</p> <p>IV The Maintenance Director will</p>	06/06/2012			

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	p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker located next the nursing station on center hall lacked identification and was accessible to anyone. Based on interview on 05/24/12 at 3:15 p.m. with the Maintenance Supervisor, he was not aware the fire alarm circuit breaker was to be identified and the panel box should be locked. 3.1-19(b)		monitor that the fire alarm circuit disconnecting means has a red marking, is accessible to only authorized personnel and is identified FIRE ALARM CIRCUIT PANEL through auditing 1 time per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days, to total 12 months of monitoring. Results of audits will be reported to QA committee monthly for 12 months to assist with additional recommendations if necessary. COMPLETION DATE: June 6, 2012		