

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155003	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2012
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NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN 46580
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/01/12</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mason Health Care 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) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 halls and the center hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p>	K0000	<p>August 17, 2012 Mrs. Kim Rhoades, Director Long Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Mason Health Care Provider Number: 155003 Life Safety Survey 8/1/12 Dear Mrs. Rhoades: Enclosed please find our plan of correction responding to the Life Safety Code survey conducted at our facility on 8/1/12 and the 2567 dated 8/1/12. All POC measures have been or will be fully implemented by 8/22/12. Mason Health Care respectfully asks that our plan of correction be considered to serve as our allegation of compliance for the cited tags, as of that date. I hereby request a desk/paper review in order to clear the cited tags. Please note that we are asking for deletion of tages K0048 and K0062 as they are duplicates. It appears that an error was made when compiling the report and all information was duplicated. As noted on the plan of correction, the POC should not be construed as an admission as to the validity of any of the citations. Please be assured, however, that although the facility disagrees with the citations, we have considered the survey concerns very seriously and have undertaken the necessary measures to ensure findings of compliance as of 8/22/12. Quality</p>	

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>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 110 and had a census of 93 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including the storage of activity supplies, maintenance supplies and housekeeping supplies which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory</p>		<p>monitoring and inservices will be provided on a continuing basis to assure an ongoing understanding and implementation of policies and procedures to ensure continued compliance. Please contact me with any questions or concerns you may have. Thank you in advance for your cooperation and assistance in this matter. Sincerely, Lillian J. Horton, HFA, MPA Mason Health Care Administrator</p>				

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	<p>requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/01/12</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mason Health Care 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</p>				

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	<p>Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 halls and the center hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 110 and had a census of 93 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including the storage of activity supplies, maintenance supplies and housekeeping supplies which were not sprinklered.</p>				

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K0048 SS=C	<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</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types, and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. 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 could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 08/01/12 at 12:42 p.m., the</p>	K0048	<p>WE REQUEST DELETION OF THIS TAG AS IT IS A DUPLICATE OF THE ONE PRIOR. K 048 NFPA 101 Life Safety Code Standard This plan of correction is prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to ensure there is a written plan for the protection of all patients and for their evacuation in the event of an emergency. The written plan contains the different types, and the use of fire extinguishers provided through out the facility. Maintenance staff has been reinserviced on the need to ensure that the written plan includes the different types and uses of fire extinguishers through out the facility. To ensure continued complaince the Maintenance Supervisor, or designee, will utilize a QA tool to monitor complaince monthly x12 months and quarterly thereafter.</p>	08/22/2012

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	<p>"Emergency Preparedness Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types, and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. 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 		The results of the QA tool will be forwarded to the Administrator for review at the next QA meeting, Compliance date: 8/22/12				

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	<p>(8) Extinguishment of fire This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 08/01/12 at 12:42 p.m., the "Emergency Preparedness Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types, and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <p>(1) Use of alarms</p>				

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	<p>(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 This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 08/01/12 at 12:42 p.m., the "Emergency Preparedness Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to</p>				

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	<p>kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p>			

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K0062 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 record review and interview, the facility failed to ensure 1 of 1 automatic dry sprinkler piping systems was inspected every five years as required by NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 08/01/12 at 12:35 p.m., the VFP Fire Systems untitled sprinkler inspection dated 09/26/12 provided no documentation to indicate an internal inspection of the pipes had been done in the past five years. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p>	K0062	<p>WE REQUEST A DESK/PAPER REVIEW IN ORDER TO CLEAR THIS TAG. K 062 NFPA 101 Life Safety Code Standard This plan of correction is prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to ensure that required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. System will be inspected on 8/21/12 by VFP Fire Systems. Maintenance staff has been reinserviced on the NFPA requirements as they relate to automatic dry sprinkler piping system inspection. To ensure continued compliance the Maintenance Supervisor, or designee, will utilize a QA tool to monitor compliance monthly x12 months and quarterly thereafter.</p>	08/22/2012			

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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	
	<p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic dry sprinkler piping systems was inspected every five years as required by NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 08/01/12 at 12:35 p.m., the VFP Fire Systems untitled sprinkler inspection dated 09/26/12 provided no documentation to indicate an internal inspection of the pipes had been done in the past five years. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p> <p>3.1-19(b)</p>		The results of the QA tool will be forwarded to the Administrator for review at the next QA meeting, Compliance date: 8/22/12		

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NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN 46580			
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	<p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic dry sprinkler piping systems was inspected every five years as required by NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 08/01/12 at 12:35 p.m., the VFP Fire Systems untitled sprinkler inspection dated 09/26/12 provided no documentation to indicate an internal inspection of the pipes had been done in the past five years. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to</p>	K0062	<p>WE REQUEST A DESK/PAPER REVIEW IN ORDER TO CLEAR THIS TAG. K 062 NFPA 101 Life Safety Code Standard This plan of correction is prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to ensure that required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. System will be inspected on 8/21/12 by VFP Fire Systems. Maintenance staff has been reinserviced on the NFPA requirements as they relate to automatic dry sprinkler piping system inspection. To ensure continued compliance the Maintenance Supervisor, or designee, will utilize a QA tool to monitor compliance monthly x12 months and quarterly thereafter. The results of the QA tool will be forwarded to the Administrator for review at the next QA meeting, Compliance date: 8/22/12</p>	08/22/2012			

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	<p>ensure 1 of 1 automatic dry sprinkler piping systems was inspected every five years as required by NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 08/01/12 at 12:35 p.m., the VFP Fire Systems untitled sprinkler inspection dated 09/26/12 provided no documentation to indicate an internal inspection of the pipes had been done in the past five years. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p> <p>3.1-19(b)</p>				

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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/01/12</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mason Health Care 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) and 410 IAC 16.2. The 2004 addition of the 400 Hall and the Therapy room were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was</p>	K0000	<p>August 17, 2012 Mrs. Kim Rhoades, Director Long Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Mason Health Care Provider Number: 155003 Life Safety Survey 8/1/12 Dear Mrs. Rhoades: Enclosed please find our plan of correction responding to the Life Safety Code survey conducted at our facility on 8/1/12 and the 2567 dated 8/1/12. All POC measures have been or will be fully implemented by 8/22/12. Mason Health Care respectfully asks that our plan of correction be considered to serve as our allegation of compliance for the cited tags, as of that date. I hereby request a desk/paper review in order to clear the cited tags. Please note that we are asking for deletion of tages K0048 and K0062 as they are duplicates. It appears that an error was made when compiling the report and all information was duplicated. As noted on the plan of correction, the POC should not be construed as an admission as to the validity of any of the citations. Please be assured, however, that although the facility disagrees with the citations, we have considered the survey concerns very seriously and have undertaken the necessary measures to ensure findings of compliance as of 8/22/12. Quality</p>				

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	<p>determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 110 and had a census of 93 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including activity supplies, maintenance supplies and housekeeping supplies that were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality</p>		<p>monitoring and inservices will be provided on a continuing basis to assure an ongoing understanding and implementation of policies and procedures to ensure continued compliance. Please contact me with any questions or concerns you may have. Thank you in advance for your cooperation and assistance in this matter. Sincerely, Lillian J. Horton, HFA, MPA Mason Health Care Administrator</p>				

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	<p>Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/01/12</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mason Health Care 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) and 410 IAC 16.2. The 2004 addition of the 400 Hall and the Therapy room were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire</p>			

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	<p>alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 110 and had a census of 93 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including activity supplies, maintenance supplies and housekeeping supplies that were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in</p>			

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	<p>accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/01/12</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mason Health Care 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) and 410 IAC 16.2. The 2004 addition of the 400 Hall and the Therapy room were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard</p>			

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	<p>wired smoke detectors in the resident rooms. The facility has a capacity of 110 and had a census of 93 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including activity supplies, maintenance supplies and housekeeping supplies that were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/01/12</p>			

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	<p>of 93 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including activity supplies, maintenance supplies and housekeeping supplies that were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0048 SS=C	<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. 18.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types, and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. 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 could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 08/01/12 at 12:42 p.m., the</p>	K0048	<p>WE REQUEST DELETION OF THIS TAG AS IT IS A DUPLICATE OF THE ONE PRIOR. K 048 NFPA 101 Life Safety Code Standard This plan of correction is prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to ensure there is a written plan for the protection of all patients and for their evacuation in the event of an emergency. The written plan contains the different types, and the use of fire extinguishers provided through out the facility. Maintenance staff has been reinserviced on the need to ensure that the written plan includes the different types and uses of fire extinguishers through out the facility. To ensure continued complainece the Maintenance Supervisor, or designee, will utilize a QA tool to monitor complainece monthly x12 months and quarterly thereafter.</p>	08/22/2012

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	<p>"Emergency Preparedness Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types, and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. 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 		The results of the QA tool will be forwarded to the Administrator for review at the next QA meeting, Compliance date: 8/22/12				

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	<p>(8) Extinguishment of fire This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 08/01/12 at 12:42 p.m., the "Emergency Preparedness Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types, and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <p>(1) Use of alarms</p>				

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	<p>(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 This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 08/01/12 at 12:42 p.m., the "Emergency Preparedness Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to</p>				

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	<p>provide a written plan which included the different types, and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. 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 could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 08/01/12 at 12:42 p.m., the "Emergency Preparedness Manual" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the</p>						

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NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN 46580
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	<p>kitchen hood extinguishing system. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p>			

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K0062 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. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic dry sprinkler piping systems was inspected every five years as required by NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 08/01/12 at 12:35 p.m., the VFP Fire Systems untitled sprinkler inspection dated 09/26/12 provided no documentation to indicate an internal inspection of the pipes had been done in the past five years. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p>	K0062	<p>WE REQUEST A DESK/PAPER REVIEW IN ORDER TO CLEAR THIS TAG. K 062 NFPA 101 Life Safety Code Standard This plan of correction is prepared and executed because the provisions of State and Federal law require it and not because Mason Health Care agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. It is facility practice to ensure that required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. System will be inspected on 8/21/12 by VFP Fire Systems. Maintenance staff has been reinserviced on the NFPA requirements as they relate to automatic dry sprinkler piping system inspection. To ensure continued compliance the Maintenance Supervisor, or designee, will utilize a QA tool to monitor compliance monthly x12 months and quarterly thereafter.</p>	08/22/2012

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	<p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic dry sprinkler piping systems was inspected every five years as required by NFPA 25, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 08/01/12 at 12:35 p.m., the VFP Fire Systems untitled sprinkler inspection dated 09/26/12 provided no documentation to indicate an internal inspection of the pipes had been done in the past five years. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p> <p>3.1-19(b)</p>		The results of the QA tool will be forwarded to the Administrator for review at the next QA meeting, Compliance date: 8/22/12		

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