

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155267	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2014
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NAME OF PROVIDER OR SUPPLIER SCOTT VILLA NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 W MOONGLO RD SCOTTSBURG, IN 47170
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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: 07/22/14</p> <p>Facility Number: 000168 Provider Number: 155267 AIM Number: 100267020</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Scott Villa 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the</p>	K010000	<p><i>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. We respectfully request that your office accept this plan as our facility's compliance and that you consider a desk review. Please review our attachments with the plan of correction. The attachments include education and audit tools. If you should have any questions, please contact Megan Lengerich, HFA or David Hite at 812-752-3499. Thank you in advance for your consideration.</i></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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K010018 SS=C	<p>corridors, plus single station hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 68 and had a census of 62 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except three wooden sheds used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/24/14.</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 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door</p>			

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K010144 SS=F	<p>closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 2 of 2 sets of double doors to the corridors were equipped with positive latches and latched into the door frame. This deficient practice could affect all residents, as well as staff and visitors while in the dining room and dining room hall.</p> <p>Findings include:</p> <p>Based on observations on 07/22/14 between 12:15 p.m. and 1:30 p.m. during a tour of the facility with the Maintenance Director, the set of double doors to the Mechanical Room and the set of double doors to the Dining Room did not automatically latch positively into their door frames: they had to be manually latched with a built in slide bolt latch located at the top edge of each door. This was acknowledged by the Maintenance Director at the time of each observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K010018	<p>No residents were identified. Repairs were made to the double doors. Automatic positive latches were installed to both identified double doors. A one time review was completed to ensure double doors through the center contain an automatic positive latch. Maintenance staff was educated regarding automatic positive latch on doors requirement is met. Maintenance director /designee will conduct review of double doors in the center monthly for 12 months to ensure automatic positive latches are in place and functioning as per regulation. Administrator will review the results monthly. Results will be forwarded to center quality assurance and process improvement (QAPI) committee for monthly review and further recommendation.</p>	08/21/2014

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	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation, record review, and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 07/22/14 between 12:15 p.m. and 1:30 p.m. during a tour of the facility with the Maintenance Director, a remote shut off</p>	K010144	No residents were identified. A remote manual stop switch was installed on the generator. A review was completed to ensure remote switch is functioning properly. Maintenance staff was educated regarding requirement to have functioning remote manual stop switch on generator. Maintenance director/designee will conduct review of remote manual stop switch on the center generator monthly for 12 months to ensure remote manual stop switch is in place and functioning as per regulation. Administrator will review the results monthly. Results will be forwarded to center quality assurance and process improvement (QAPI) committee for monthly review and further recommendation.	08/21/2014

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K020000	<p>device for the generator was not found. Based on interview at 1:30 p.m. on 07/22/14, the Maintenance Director said the generator was installed within the past three years and acknowledged there was no remote shut off device for the generator.</p> <p>3.1-19(b)</p> <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: 07/22/14</p> <p>Facility Number: 000168 Provider Number: 155267 AIM Number: 100267020</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Scott Villa 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</p>	K020000	<p><i>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. We respectfully request that your office accept this plan as our facility's compliance and that you consider a desk review. Please review our attachments with the plan of correction. The attachments include education and audit tools. If you should have any questions, please contact Megan Lengerich, HFA or David Hite at 812-752-3499. Thank you in advance for your consideration.</i></p>	

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K020144 SS=F	<p>Safety Code (LSC) and 410 IAC 16.2. The 2010 Therapy Wing addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2010 addition to the one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors throughout the entire Physical Therapy Wing. The facility has a capacity of 68 and had a census of 62 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except three wooden sheds used for facility storage.</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 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation, record review, and interview; the facility failed to ensure 1 of 1 emergency generators was equipped</p>	K020144	No residents were identified.A remote manual stop switch was installed on the generator.A review was completed to ensure	08/21/2014			

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	<p>with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 07/22/14 between 12:15 p.m. and 1:30 p.m. during a tour of the facility with the Maintenance Director, a remote shut off device for the generator was not found. Based on interview at 1:30 p.m. on 07/22/14, the Maintenance Director said the generator was installed within the past three years and acknowledged there was no remote shut off device for the</p>		<p>remote switch is functioning properly. Maintenance staff was educated regarding requirement to have functioning remote manual stop switch on generator. Maintenance director/designee will conduct review of remote manual stop switch on the center generator monthly for 12 months to ensure remote manual stop switch is in place and functioning as per regulation. Administrator will review the results monthly. Results will be forwarded to center quality assurance and process improvement (QAPI) committee for monthly review and further recommendation.</p>	

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	generator. 3.1-19(b)				