

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155784	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2012
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NAME OF PROVIDER OR SUPPLIER MICHIANA HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 E DOUGLAS RD MISHAWAKA, IN 46545
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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: 01/11/12</p> <p>Facility Number: 012329 Provider Number: 155784 AIM Number: 201002500</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Michiana Health 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), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p>	K0000		

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 built in 2010 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, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 100 and had a census of 69 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/18/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0048 SS=E	<p>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 include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that 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 any resident, as well as staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p>	K0048	<p>K048</p> <p>It is the practice of this facility that there is a written plan for the protection of all patients and for their evacuation in the event of an emergency.</p> <p>CORRECTIVE ACTION: The posting regarding use of K class extinguisher has been placed in the Emergency Preparedness Binder.</p> <p>HOW OTHERS IDENTIFIED: Placing this posting in the Emergency Preparedness Binder will address all residents residing in the facility.</p> <p>PREVENTATIVE MEASURES: Posting has been placed in the Emergency Preparedness Binder to ensure everyone knows proper use of K class extinguisher.</p> <p>MONITORING: Maintenance Director and/or Designee will check the Emergency Binder to ensure posting regarding Class K extinguisher is in place. Emergency Binder will be checked Daily for 2 weeks, 3 times a week for 8 weeks, Weekly for 8 weeks, and Monthly for 3 months. All findings will be reviewed at monthly QPI meeting</p>	01/30/2012			

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	<p>Based on a review of the facility's written fire disaster plan on 01/11/12 at 1:35 p.m. with the maintenance supervisor, the fire disaster plan did not include the use of the Class K fire extinguisher located in the kitchen in relationship with the use of the kitchen hood extinguishing system. The maintenance supervisor acknowledged at the time of record review, he was not aware of the missing policy and procedure concerning the extinguisher.</p> <p>3.1-19(b)</p>		<p>Any deficient practice will be addressed through staff education, in-service, and/or counseling.</p> <p>COMPLETION DATE: 1/30/12</p>		

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K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. 1. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with remote manual stops. 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 the shutting down the engine at the engine and from a	K0144	K144 It is the practice of this facility to ensure that that generator is inspected weekly and exercised under load for 30 minutes per month accordance with NFPA 99. CORRECTIVE ACTION: 1) Quote obtained from Cross Point Cummins to install remote manual stop to generator. Installation to be scheduled as soon as all parts have arrived. Parts were ordered by vendor on 1/27/11. 2) Emergency lighting is being monitored daily by Maintenance Director. It is being recorded on the Preventative Maintenance list. 3) Generator logs are being kept related to the correct starting and inspection. 4) Monthly generator load test is being conducted and recorded. Logs maintained regarding results. 5) A letter of reliability has been obtained from natural gas provider. HOW OTHERS IDENTIFIED: Correcting the above areas will	02/10/2012			

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	<p>remote location. This deficient practice could affect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the Generator Maintenance records on 01/11/12 at 1:40 p.m. with the maintenance supervisor, there was no documentation available which indicated the amount of horsepower the generator provided. The maintenance supervisor stated they did not have a remote shut off device for the emergency generator, furthermore, the maintenance supervisor indicated they were not sure if the generator was 100 horsepower or more and it was installed in 2010. The maintenance supervisor stated at the time of record review, they were not aware of the requirement.</p> <p>3.1-19(b)</p> <p>2. Based on record review and</p>		<p>address all residents residing in facility.</p> <p>PREVENTATIVE MEASURES: Maintenance Director to monitor the preventative maintenance log for the completion of the above areas.</p> <p>MONITORING: Maintenance Director and/or Designee will monitor the manual stop button during weekly generator test weekly for 6 months.</p> <p>Emergency Lighting will be checked weekly by Maintenance Director for 6 months.</p> <p>Generator log will be completed by Maintenance Director weekly indefinitely.</p> <p>Generator Load test will be completed monthly indefinitely.</p> <p>Letter of reliability will be kept in the Emergency Preparedness Binder. Placement will be checked monthly to ensure it is in the binder.</p> <p>All findings will be reviewed at monthly QPI meeting COMPLETION DATE: 2/10/12</p>		

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	<p>interview, the facility failed to ensure emergency task lighting in and around 1 of 1 generator sets was in accordance with NFPA 101, 2000 Edition, Life Safety Code. LSC Section 7.9.3 requires an annual functional test to be conducted on emergency battery lighting systems for not less than 90 minutes. NFPA 110, Section 5-3.1 requires that EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 01/11/12 at 1:55 p.m., the maintenance supervisor acknowledged they had no record of the battery powered lighting at the generator being tested for 90 minutes annually. The maintenance supervisor stated they were aware</p>						

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	<p>of the requirement and were in process of working on a data collection form.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure a written record of weekly inspections of the starting batteries for the generator was maintained for 13 of 52 weeks for the generator set. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. Chapter 3-4.4.2 of NFPA 99 requires a written record of inspection, performance,</p>			
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	<p>exercising period, and repairs be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator logs with the maintenance supervisor on 01/11/12 at 1:50 p.m., the facility had no documentation of weekly battery inspections since 09/30/11. The maintenance supervisor stated at the time of record review, he was aware of the requirement to maintain a complete record of inspection but was new to his position.</p> <p>3.1-19(b)</p> <p>4. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 3 of 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires</p>						

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	<p>monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions for not less than 30 percent of the EPS nameplate rating, at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 01/11/12 at 1:50 p.m., the documentation available was</p>			
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	<p>incomplete for emergency generator load tests for 2011. The facility failed to document monthly load tests since 09/30/11. The maintenance supervisor acknowledged at the time of the record review, the monthly load test documentation was not complete.</p> <p>3.1-19(b)</p> <p>5. Based on record review and interview, the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110, 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> a) Liquid Petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas 			
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	<p>Exception: For Level 1 installations in locations where the probability of interruption of off site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source. CMS requires evidence of reliability of the natural fuel source must contain all of the following:</p> <ol style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery; 2. A brief description the supports the statement regarding the reliability; 3. A statement there is a low probability of interruption of the natural gas; 4. A brief description that supports 			
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	<p>the statement regarding the low probability of interruption;</p> <p>5. The signature of technical personnel from the natural gas vendor. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the maintenance supervisor at 1:50 p.m. on 01/11/12, the fuel source for the emergency generator was natural gas and the facility does not have a letter from their natural gas provider stating the fuel source for the generator is a reliable source. The maintenance supervisor stated at the time of observation, he was aware of the requirement but was new to the position.</p> <p>3.1-19(b)</p>			
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