

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155539	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2012
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NAME OF PROVIDER OR SUPPLIER BERTHA D GARTEN KETCHAM MEM CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 E RACE ST ODON, IN 47562
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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
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: 000300 Provider Number: 155539 AIM Number: 100287340</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bertha D. Garten Ketcham Memorial Center Inc. 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</p>	K0000	<p>This plan of correction is to serve as Bertha D Garten Ketcham Memorial Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Bertha D Garten Ketcham Memorial Center that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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>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 and spaces open to the corridors. The facility has a capacity of 52 and had a census of 49 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/17/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0051 SS=F	<p>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 ensure 1 of 2 fire alarm control panel phone dialers, located in an area not continuously occupied, was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 9.6.2.10.1 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of</p>	K0051	<p>K 051 NFPA 101 LIFE SAFETY CODE STANDARD It is the practice of Bertha D Garten Ketcham Memorial Center to provide a fire alarm system with approved components, devices or equipment installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. I. A smoke detector is scheduled to be installed in the room where the fire alarm control panel phone dialer is installed. (one of two dialers in the building) II. The facility realizes the potential for residents to be affected were we not to show diligence in following through with the installation of an automatic smoke detector. The detector is scheduled to be installed in the</p>	02/10/2012

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	<p>a fire in that location. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/11/12 at 11:15 a.m. during a tour of the facility with the Maintenance Supervisor, the fire alarm control panel phone dialer was located in the Medicine Room which was not continuously occupied and was not electrically supervised by a smoke detector. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3-1.19(b)</p>		<p>medicine room on or prior to January 30th, 2012.III. Facility maintenance and nursing education/disaster team personnel have been educated on the importance of having two working fire alarm control panel smoke detectors should one dialer be incapacitated by fire or disaster. The preventive maintenance programs – in-house and through professional fire safety contractors will ensure the Life Safety Code standards governing the facility are met to ensure safety of all residents of the facility. IV. The Administrator and the Director of Maintenance will ensure the facility meets the Life Safety Code standards and will report concerns and findings and the correlating corrective action to the facility's QA Committee. COMPLETION DATE: 2/10/12</p>		

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K0062 SS=E	<p>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 ensure 7 of over 300 sprinkler heads in the facility were free of paint and corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect any of the 49 residents, as well as staff and visitors while in the vicinity of the front porch, Medicine Room and resident room # 1.</p> <p>Findings include:</p> <p>Based on observations on 01/11/12 between 10:45 a.m. and 12:30 p.m. during a tour of the facility with the Maintenance Supervisor, the five sprinkler heads over the front porch were covered with corrosion,</p>	K0062	<p>K062 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the practice of Bertha D Garten Ketcham Memorial Center to provide the required automatic sprinkler system according to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>I. The five sprinkler heads over the front porch, one sprinkler head in the Medicine Room, and the one sprinkler head in Resident Room #1 will be replaced due to corrosion and/or partial cover of paint.</p> <p>II. An audit has been completed of the entire facility by the LSC inspector and the Director of Maintenance. This comprehensive inspection resulted in the above finding.</p> <p>III. The Maintenance Director has been re-educated regarding the importance of all sprinkler heads being free of corrosion and paint. Systemic changes are being implemented through our quality improvement program as indicated below.</p> <p>IV. The Administrator and/or her</p>	02/10/2012			

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	furthermore, the one sprinkler head in the Medicine Room, and the one sprinkler head in resident room # 1 were partially covered with white paint. This was acknowledged by the Maintenance Supervisor at the time of each observation. 3.1-19(b)		designee and the Director of Maintenance will be completing quality improvement audits of the sprinkler heads monthly to ensure that the sprinkler heads are free from corrosion and/or paint. Results of all audits will be reported to the facility's QA Committee quarterly. COMPLETION DATE: 2/10/12	