

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155342	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/14/2015
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NAME OF PROVIDER OR SUPPLIER MOUNT VERNON NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 COUNTRY CLUB RD MOUNT VERNON, IN 47620
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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
K 0000 Bldg. 01	<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: 07/14/15</p> <p>Facility Number: 000234 Provider Number: 155342 AIM Number: 100273490</p> <p>At this Life Safety Code survey, Mount Vernon Nursing and Rehabilitation Center was not found 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 with a partial basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors on both levels including the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident</p>	K 0000	<p>The preparation and/or execution of this plan of correction does not constitute agreement or admission by the provider of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We would like to request a Desk Review Revisit for the Life Safety Survey completed July 14, 2015. Please request any additional information required for evidence of substantial compliance.</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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K 0147 SS=E Bldg. 01	<p>sleeping rooms. The facility has a capacity of 66 and had a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached house to the west of the facility used for activities storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in 2 of 51 resident rooms, plus the Beauty Shop and the DON office. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 3 residents in rooms 134 and 152, plus residents and staff while in the Beauty Shop and DON office.</p> <p>Findings include:</p>	K 0147	<p>It is the policy of Mt. Vernon Nursing and Rehabilitation Center to ensure that power strips were not used as a substitute for fixed wiring. Unless specifically permitted, flexible cords and cables are not used as a substitute for fixed wiring of a structure. In room 134, the power strip was removed and both the bed and nebulizer were plugged into the fixed wiring outlet. In room 152, the power strip was removed and both the lift chair and refrigerator were plugged into the fixed wiring outlet. The power strip in the beauty shop was removed and the clock was replaced with a battery operated clock. The small refrigerator in the DNS office was plugged into the fixed wiring outlet, and the power strip was removed. All residents have the potential to be</p>	08/04/2015

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	<p>Based on observations on 07/14/15 between 11:15 a.m. and 1:15 p.m. during a tour of the facility the Maintenance Supervisor, the following was noted:</p> <ul style="list-style-type: none"> a. Resident room 134 had a nebulizer and bed plugged into a power strip b. Resident room 152 had a lift chair and refrigerator plugged into a power strip c. The Beauty Shop had a power strip plugged into a GFCI outlet. A clock was plugged into the power strip d. The DON office had a small refrigerator plugged into a power strip <p>This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		<p>affected. Rounds were completed 7/15/15 by the Maintenance Director to identify any other power strips in use and to remove those power strips. The staff were re-in-serviced regarding the safety regulations on the use of the fixed wiring outlets, rather than using power strips in the residents' rooms, offices, and all areas of customary access. Letters have been drafted to be sent to all families and responsible parties to understand the safety involved with not using the power strip to substitute for fixed outlets. Information will be provided within the body of the admission packet to apprise families and responsible parties regarding this safety issue. The Maintenance Director/designee and Executive Director/designee will monitor for the use of power strips during daily rounds. Environmental staff will monitor for the presence of power strips in residents rooms daily and will report areas of concern to their supervisor. Round sheets will be submitted monthly, for 6 months, to QAPI committee for compliance. Further monitoring will result with incidence of non-compliance. Round sheets will be modified to include observation for power strips in resident rooms, offices and areas of customary access.</p>		