

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/18/2013
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NAME OF PROVIDER OR SUPPLIER  CONTINUING CARE CENTER OF LAPORTE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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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: 11/18/13</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist, Libby Fruth, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Continuing Care Center of LaPorte Hospital 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 facility is located on the fifth floor and one wing of the sixth floor of a seven story building determined to be of Type II (111) construction separated from the existing hospital by a 2 hour fire wall and</p>	K010000		
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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>is fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The 55 resident rooms were provided with battery operated smoke detectors. The facility has a capacity of 55 and had a census of 24 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/20/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010012 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>Based on record review and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.2. Table 19.1.6.2 requires a building, four or more stories in height to be Type II (222), Type I (332) or Type I (443). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Safety Evaluation System (FSES) documentation dated 06/14/13 and interview with the Director of Facilities on 11/18/13 at 1:00 p.m., the facility was determined to be of Type II (111) construction and seven stories tall with a basement. The concrete floor slab in the North Tower is only 2 1/2 inches thick. This results in a construction type classification of II (111). The attached South Tower is Type I (332) construction and is separated from the North Tower on all stories by a 2 hour fire barrier wall.</p> <p>3.1-19(b)</p>	K010012	A Life Safety Code Waiver was requested and has been submitted along with a FSES was conducted. Please see attached. This process will be monitored annually by the Facilities Department.	11/27/2013	

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K010038 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation, record review and interview; the facility failed ensure 3 of 3 vertical exit egress towers provided a means of egress which discharges to the exterior or the public way in accordance with requirements of NFPA 101, 2000 edition, 7.7. 7.7.1 requires exits to discharge directly to a public way or exterior exit discharge. 7.7.2 allows no more than 50 percent of the exits or egress capacity to discharge into areas on the level of exit discharge. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Safety Evaluation System (FSES) documentation dated 06/14/13 and interview with the Director of Facilities on 11/18/13 at 1:00 p.m., exit stairs # 3 &amp; # 4 in the North Tower and exit stair # 5 in the South Tower do not discharge to the exterior through an approved exit passageway at the first floor level. Based on observation and interview with the Director of Facilities during the tour from 9:45 a.m. to 11:45 a.m., the exit stair discharge was confirmed.</p>	K010038	A Life Safety Code Waiver was requested and has been submitted along with a FSES was conducted. Please see attached. This process will be monitored annually by the Facilities Department.	11/27/2013			

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K010069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 2 of 3 fire extinguishing systems for commercial cooking operations was maintained in accordance with the applicable requirements of NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operation. NFPA 96, Section 7-4.1 states, "Upon activation of any fire-extinguishing system for a cooking operation, all sources of fuel and electric power that produce heat to all equipment requiring protection by that system shall automatically shut off." This deficient practice was not located on floors housing residents and would not affect at any resident, staff or visitor in the unit.</p> <p>Findings include:</p> <p>Based on review of the "Range Hood Suppression System Report" on 11/18/13 at 1:45 p.m. with the Director of Facilities, in the report dated 11/14/13, the inspectors' comments and recommendations section indicated, "Hood # 2-Electric to brazing pans did not shut off upon system activation" and "Hood # 3-Electric did not shut off upon system activation." Based on interview at</p>	K010069	All colleagues were informed that the brazing pan was not tied to the fire system and what to do in the event of a fire. The brazing pan will be tied into the fire system by December 9th 2013. A compnay was contracted with to complete the service.During our semi-annual fire system inspection it will be recorded if any deficences are noted with the Brazing pan.The facilities director will monitor for on going compliance.	12/09/2013			

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	<p>the time of record review, the Director of Facilities acknowledged the fuel shutoff for two of the three kitchen suppression hoods were not functioning properly and the facility was investigating the issue.</p> <p>3.1-19(b)</p>			

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K010147 SS=D	<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 1 of 1 ground fault circuit interrupter (GFCI) receptacles in the 6th floor soiled utility room operated properly to protect against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subjected to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice was not in a resident area and would not directly affect residents but could affect staff.</p> <p>Findings include:</p> <p>Based on observation on 11/18/13 during a tour from 9:45 a.m. to 11:45 a.m. with the Administrator, there was a GFCI electrical receptacle on the wall within two feet of the sink in the soiled utility</p>	K010147	No residents have the potential of being affected by the deficiency. On 11/19/2013 the GFI outlet was changed. The soap dispenser that was located above the outlet was relocated so it is no longer about the outlet. Durning enviromental care rounds outlets will be checked for fuction and any deficiencies will be reported on rounds sheet. To be monitored by Director of Facilities.	11/19/2013			

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	<p>room (6255). When tested with the test button on the receptacle, power was not interrupted. The Administrator acknowledged the GFCI test button did not interrupt power at the receptacles in the soiled utility room (6255).</p> <p>3.1-19(b)</p>			