

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155132	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/18/2014
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NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122
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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: 09/18/14</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Danville Regional Rehabilitation 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). Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 built prior to March 1, 2003 was determined to be of Type V (111) construction and was fully</p>	K010000	<p>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 Departments inspection report. We respectfully request you consider our plan of correction and additional information provided for a desk review. Should you need additional information, please do not hesitate to contact Scott Swaby, Administrator, at 317-745-5451.</p>	
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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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K010029 SS=B	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and in Rooms 201 to 214. The facility has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 79 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached building providing facility services which were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/24/14.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the</p>						

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	<p>approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 12 hazardous areas such as combustible storage rooms greater than 50 square feet in size were separated from other areas by self closing doors. Doors to hazardous areas are self closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 5 staff and visitors in the vicinity of the housekeeping and laundry storage room in the service corridor.</p> <p>Findings include:</p> <p>Based on observation with the Administrator, Maintenance Director and the Director of Nursing during a tour of the facility from 12:40 p.m. to 3:20 p.m. on 09/18/14, the housekeeping and laundry storage room in the service corridor measured 117 square feet in size and was being used to store combustible boxes and supplies. The south corridor door to the room was not equipped with a self closing device. Based on interview at the time of observation, the</p>	K010029	<p>This facility does ensure that hazardous areas such as combustible storage rooms greater than 50 square feet in size are separated from other areas by self closing doors. A self closing device was added to the south corridor door of the housekeeping and laundry storage room on October 3, 2014. An audit of all hazardous areas was performed by the Maintenance Director to identify and correct all doors that do not meet this compliance (exhibit 029-A). This inspection has been entered into the "Facility Mechanical" check sheet log, and will be reviewed weekly by the Maintenance Department. The results of this inspection shall be reported to the Quality Assurance Committee monthly for 3 months and then quarterly for 3 quarters to assure compliance.</p>	10/18/2014	

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K010052 SS=F	<p>Maintenance Director acknowledged the aforementioned hazardous area was not separated from other spaces by a self closing corridor door.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to document annual functional testing of 63 of 114 fire alarm system smoke detectors. NFPA 72, 7-3.2 refers to fire alarm component testing frequencies in Table 7-3.2 which requires an annual functional test of smoke detector initiating devices. Section 7-5.2 requires a permanent record of all inspections, testing and maintenance shall be provided that includes information requested in Figure 7-5.2.2. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of Vanguard Alarm Services "Periodic Fire Alarm Inspection and Testing Report" documentation dated</p>	K010052	This facility does ensure that the fire alarm system required for Life Safety is installed, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA70 and 72. The Maintenance Director has contacted Vanguard Alarm Services to inspect and document all fire alarm smoke detectors no later than October 18, 2014 (Exhibit 052-A). The Maintenance Director will forward a copy of all service reports to the Administrator for review. The results of all fire alarm testing, service, and inspection shall be reported to teh Quality Assurance Committee Montly for 3 months then quarterly for 3 quarters to assure compliance.	10/18/2014

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K010130 SS=E	<p>08/29/14, 05/20/14 and 11/11/13 during record review with the Maintenance Director from 9:30 a.m. to 12:15 p.m. on 09/18/13, documentation of annual functional testing for 63 of 114 fire alarm system smoke detectors within the last twelve months was not available for review. The 05/20/14 inspection report stated a total of 114 fire alarm system smoke detectors were located in the facility but only 51 smoke detectors were functional tested. Based on interview at the time of record review, the Maintenance Director stated no additional fire alarm system inspection reports for the last year was available for review and acknowledged documentation of annual functional testing for 63 of 114 fire alarm system smoke detectors within the last twelve month period was not available for review.</p> <p>3-1.19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, observation and interview; the facility failed to maintain a preventative maintenance program for battery operated smoke detectors installed in 37 of 73 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be</p>	K010130	The facility does maintain a preventative maintenance program for battery operated smoke detectors installed in all resident sleeping rooms. The weekly "Battery Operated Smoke Detector Testing Log" format was changed from distinct areas (area 1,2,and 3) to an itemized listing for preventative maintenance and	10/18/2014			

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	<p>either maintained or removed. This deficient practice could affect 74 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Battery Operated Smoke Detector Maintenance Log for 2013/2014" documentation with the Maintenance Director during record review from 9:30 a.m. to 12:15 p.m. on 09/18/14, an itemized listing of battery operated smoke detector testing for September 2013 through August 2014 was not available for review. The results of testing battery operated smoke detectors in resident sleeping rooms are documented as being per Area 1, Area 2 and Area 3 and on a monthly basis. Based on observations with the Administrator, Maintenance Director and the Director of Nursing during a tour of the facility from 12:40 p.m. to 3:20 p.m. on 09/18/14, battery operated smoke detectors are installed in 37 of 73 resident sleeping rooms. Based on interview at the time of record review and of the observations, the Maintenance Director acknowledged an itemized listing of battery operated smoke detector testing for the most recent twelve month period was not available for review.</p> <p>3.1-19(a)</p>		<p>testing purposes (exhibit 130-A). The new format of itemized testing and maintenance activities shall be forwarded by the Maintenance Director to the Administrator monthly. The results of this inspection shall be reported to the Quality Assurance Committee monthly for 3 months then quarterly for 3 months to assure compliance.</p>		

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K010154 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 79 of 79 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Preparedness Plan" documentation with the Maintenance Director during record</p>	K010154	This facility does provide a written policy containing procedures to be followed in the event that the automatic sprinkler system has to be placed out of service for four (4) hours or more in a twenty four (24) hour period. The written fire watch policy has been updated to include notification of the local fire department in the event that the automatic sprinkler system has to be placed out of service for four (4) hours or more in a twenty four (24) hour period (exhibit 154-A). Employees have been educated on the updated policy (exhibit 154B). The fire watch policy shall be included as a part of the new employee orientation program as well as reviewed by the "Safety Committee" annually at a minimum, or as often as necessary, to reflect any necessary changes.	10/18/2014

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K010155 SS=C	<p>review from 9:30 a.m. to 12:15 p.m. on 09/18/14, the fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period. Based on interview at the time of record review, the Maintenance Director stated no additional fire watch documentation was available for review and acknowledged the written fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for</p>	K010155	This facility does provide a written policy containing procedures to be followed in the event that the fire alarm system has to be placed out of service for four (4) hours or more in a twenty four	10/18/2014

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K020000	<p>four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 in order to protect 79 of 79 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Preparedness Plan" documentation with the Maintenance Director during record review from 9:30 a.m. to 12:15 p.m. on 09/18/14, the fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the fire alarm system is out of service for four hours or more in a 24 hour period. Based on interview at the time of record review, the Maintenance Director stated no additional fire watch documentation was available for review and acknowledged the written fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the fire alarm system is out of service for four hours or more in a 24 hour period.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and</p>	K020000	<p>(24) hours period. The written fire watch policy has been updated to include notification of the local fire department in the event that the fire alarm system has to be placed out of service for four (4) hours or more in a twenty four (24) hour period (exhibit 155-A). Employees have been educated on the updated policy (Exhibit 155-B). The fire watch policy shall be included as a part of the new employee orientaton program as well as reviewed by the "Safety Committee" annually at a miniumum, or as often as necessary, to reflect any necessary changes.</p> <p>This plan of correction constitutes this facility's written allegation of</p>				

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	<p>State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/18/14</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Danville Regional 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). Building 0202 built in 2010 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0202 consists of the walkway addition, was built after March 1, 2003, 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</p>		<p>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 Departments inspection report. We respectfully request you consider our plan of correction and additional information provided for a desk review. Should you need additional information, please do not hesitate to contact Scott Swaby, Administrator, at 317-745-5451.</p>		

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K020052 SS=F	<p>corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and in Rooms 201 to 214. The facility has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 79 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached buildings providing facility services which were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/24/14.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review and interview,</p>	K020052	This facility does ensure that the fire alarm system required for Life	10/18/2014

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	<p>the facility failed to document annual functional testing of 63 of 114 fire alarm system smoke detectors. NFPA 72, 7-3.2 refers to fire alarm component testing frequencies in Table 7-3.2 which requires an annual functional test of smoke detector initiating devices. Section 7-5.2 requires a permanent record of all inspections, testing and maintenance shall be provided that includes information requested in Figure 7-5.2.2. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of Vanguard Alarm Services "Periodic Fire Alarm Inspection and Testing Report" documentation dated 08/29/14, 05/20/14 and 11/11/13 during record review with the Maintenance Director from 9:30 a.m. to 12:15 p.m. on 09/18/13, documentation of annual functional testing for 63 of 114 fire alarm system smoke detectors within the last twelve months was not available for review. The 05/20/14 inspection report stated a total of 114 fire alarm system smoke detectors were located in the facility but only 51 smoke detectors were functional tested. Based on interview at the time of record review, the Maintenance Director stated no additional fire alarm system inspection</p>		<p>Safety is installed, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA70 and 72. The Maintenance Director has contacted Vanguard Alarm Services to inspect and document all fire alarm smoke detectors no later than October 18, 2014 (Exhibit 052-A). The Maintenance Director will forward a copy of all service reports to the Administrator for review. The results of all fire alarm testing, service, and inspection shall be reported to teh Quality Assurance Committee Montly for 3 months then quarterly for 3 quarters to assure compliance.</p>		

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K020154 SS=C	<p>reports for the last year was available for review and acknowledged documentation of annual functional testing for 63 of 114 fire alarm system smoke detectors within the last twelve month period was not available for review.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 79 of 79 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This</p>	K020154	This facility does provide a written policy containing procedures to be followed in the event that the automatic sprinkler system has to be placed out of service for four (4) hours or more in a twenty four (24) hour period. The written fire watch policy has been updated to include notification of the local fire department in the event that the automatic sprinkler system has to be placed out of service for four (4) hours or more in a twenty four (24) hour period (exhibit 154-A). Employees have been educated on the updated policy (exhibit 154B). The fire watch policy shall be included as a part of the new employee orientation program as well as reviewed by the "Safety	10/18/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155132		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 09/18/2014	
NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122			
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K020155 SS=C	<p>deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Preparedness Plan" documentation with the Maintenance Director during record review from 9:30 a.m. to 12:15 p.m. on 09/18/14, the fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period. Based on interview at the time of record review, the Maintenance Director stated no additional fire watch documentation was available for review and acknowledged the written fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an</p>		Committee" annually at a minimum, or as often as necessary, to reflect any necessary changes.				

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	<p>approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 in order to protect 79 of 79 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Preparedness Plan" documentation with the Maintenance Director during record review from 9:30 a.m. to 12:15 p.m. on 09/18/14, the fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the fire alarm system is out of service for four hours or more in a 24 hour period. Based on interview at the time of record review, the Maintenance Director stated no additional fire watch documentation was available for review and acknowledged the written fire watch policy did not include notification of the local fire department which is an authority having jurisdiction in the event the fire alarm</p>	K020155	<p>This facility does provide a written policy containing procedures to be followed in the event that the fire alarm system has to be placed out of service for four (4) hours or more in a twenty four (24) hours period. The written fire watch policy has been updated to include notification of the local fire department in the event that the fire alarm system has to be placed out of service for four (4) hours or more in a twenty four (24) hour period (exhibit 155-A). Employees have been educated on the updated policy (Exhibit 155-B). The fire watch policy shall be included as a part of the new employee orientaton program as well as reviewed by the "Safety Committee" annually at a miniumum, or as often as necessary, to reflect any necessary changes.</p>	10/18/2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	system is out of service for four hours or more in a 24 hour period. 3.1-19(b)				