

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155193	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-GREENWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 377 WESTRIDGE BLVD GREENWOOD, IN 46142
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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: 12/04/14</p> <p>Facility Number: 000101 Provider Number: 155193 AIM Number: 100291290</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-Greenwood 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 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 and in all areas open to the corridor. The facility has battery</p>	K010000	<p>KIM RHOADESDIRECTOR.I.S.D.H.L.T. C.DENNIS AUSTILLSC SPECIALIST.I.S.D.H.L.S.C.IT IS THE POLICY AND PRACTICE OF KINDRED TRANSITIONAL CARE GREENWOOD TO PROVIDE A SAFE ENVIRONMENT FOR ITS RESIDENTS, STAFF, AND VISITING PUBLIC. AS THE ADMINISTRATOR OF THIS HEALTHCARE FACILITY, I RESPECTFULLY REQUEST THAT THIS PLAN OF CORRECTION BE ACCEPTED AND FOLLOWED UP WITH PAPER COMPLIANCE. RESPECTFULLY STEVE TANNER H.F.A.</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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K010038 SS=E	<p>operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 206 and had a census of 165 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility storage services which was not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/09/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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 and interview, the facility failed to ensure the means of egress through 2 of 17 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 19.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that</p>	K010038	<p>K 038</p> <p>1. There were no Residents, found to be adversely, effected by the deficient practice. The exterior gates are wired with the alarm system to open if the alarm is sounded.</p> <p>2. The code for the exterior courtyard gates were immediately posted, allowing anyone to open the</p>	12/05/2014

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	<p>requires the use of a tool or key from the egress side. Exception No. 1 states door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. This deficient practice could affect 40 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 3:00 p.m. on 12/04/14, the courtyard exit door by the sprinkler riser room and the courtyard exit door by Room 227 were each marked as a facility exit to the public way, the exit door was magnetically locked and could be opened by entering a four digit code but the code was not posted. Based on interview at the time of the observations, the Director of Maintenance acknowledged the four digit code was not posted at the aforementioned courtyard exits to the public way. A resident without the clinical diagnosis requiring specialized security measures would have to ask a staff member to let them out if they did</p>		<p>gate, if the system failed to disengage the lock, during an evacuation emergency.</p> <p>3. The operation of the exterior gates, during an emergency, has been added to the fire drill check off list. The locks will be check for proper operation during fire drills. Fire drills are held 3 times monthly.</p> <p>4. The Safety Committee will QA monthly, on going, results will be presented at the monthly QA PI meeting.</p> <p>5. The facility date of compliance; 12/05/2014.</p>	

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K010048 SS=D	<p>not know the code.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review, observation 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 could affect five kitchen staff.</p> <p>Findings include:</p> <p>Based on review of "Emergency Response Plan: Fire Discovery and Announcement" documentation with the</p>	K010048	<p>K 048</p> <ol style="list-style-type: none"> 1. There were no Residents found to be, adversely, effected by the deficient practice. 2. The wording, from the Emergency Response Plan manual regarding when to use a K class fire extinguisher, has been changed to the proper language, as directed by the LSC specialist. 3. The ERP manual was reviewed for the proper use of K class fire extinguishers, and found to be accurate. Any new policies for K class extinguishers will be reviewed, by the Safety Committee, before they are adopted and added to the ERP manual. 4. Updates or changes to the ERP manual will be presented to the QA PI monthly for approval. 5. The facility date of compliance; 12/05/2014. 	12/05/2014

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K010052 SS=C	<p>Director of Maintenance during record review from 9:00 a.m. to 11:00 a.m. on 12/04/14, the fire disaster plan did not address the use of the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on observation with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 3:00 p.m. on 12/04/14, one K class fire extinguisher was located in the kitchen. Based on interview at the time of record review, the Director of Maintenance acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K class fire extinguisher.</p> <p>3.1-19(a)</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 observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with the applicable requirements of</p>	K010052	<p>K 052</p> <ol style="list-style-type: none"> 1. There were no Residents found to be, adversely, effected by the deficient practice. 2. The area containing the 	12/05/2014

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	<p>NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.2.5.2 states connections to the light and power service shall be on a dedicated branch circuit(s). Circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. The location of the circuit disconnecting means shall be permanently identified at the fire alarm control unit. NFPA 72, 1-5.2.5.3 states an overcurrent protective device of suitable current carrying capacity and capable of interrupting the maximum short circuit current to which it may be subject shall be provided in each ungrounded conductor. The overcurrent protective device shall be enclosed in a locked or sealed cabinet located immediately adjacent to the point of connection to the light and power conductors. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 3:00 p.m. on 12/04/14, the fire alarm system breaker located in the main mechanical room near the service corridor was not enclosed in a locked or sealed cabinet. Based on</p>		<p>Fire Alarm Circuit was immediately locked.</p> <p>3. The Administrator will check the locks in this area daily. A self locking mechanism has been placed with limited access. Only authorized personnel have keys to this area.</p> <p>4. Any deviation shall be reported to the Administrator. Any plans to alter this area must be reported to the QA PI committee, in advance, for approval.</p> <p>5. The facility date of compliance; 12/05/2014.</p>	

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K010069 SS=D	<p>interview at the time of observation, the Director of Maintenance acknowledged the fire alarm system breaker was not enclosed in a locked or sealed cabinet.</p> <p>3.1-19(b)</p> <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 observation and interview, the facility failed to install the kitchen range hood system in accordance with the requirements of LSC 9.2.3. Section 9.2.3 states commercial cooking equipment shall be installed in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 1998 edition, Section 3-2.6 states kitchen range hood system filters shall be equipped with a drip tray beneath their lower edges. The tray shall be kept to the minimum size needed to collect grease and shall be pitched to drain into an enclosed metal container having a capacity not exceeding 1 gal (3.785 L). This deficient practice could affect five kitchen staff.</p> <p>Findings include:</p>	K010069	<p>K 069</p> <ol style="list-style-type: none"> 1. There were no Resident found to be, adversely, effected by the deficient practice. 2. The drip pans had been removed to allow the range hood to be painted. The drip pans were located and reinstalled within 1 hour. 3. The Dietary Manager and the Administrator will monitor, daily, for compliance. 4. Issues will be presented to the QA PI committee 5. The facility date of compliance; 12/05/2014 	12/05/2014

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	<p>Based on observation with the Director of Maintenance and the Dietary Manager during a tour of the facility from 11:00 a.m. to 3:00 p.m. on 12/04/14, two of two designated locations underneath the kitchen range hood system drip trays were missing an enclosed metal container for grease to drain into. Each of the two designated locations for a grease container had a one inch in diameter hole in the drip tray beneath the system filters and had affixed brackets for holding a container but no container was present. Based on interview at the time of observation, the Director of Maintenance and the Dietary Manager stated grease containers have not been present for the drip trays and acknowledged two of two designated locations underneath the kitchen range hood system drip trays were missing an enclosed metal container for grease to drain into.</p> <p>3.1-19(b)</p>			