

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155738	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/09/2014
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NAME OF PROVIDER OR SUPPLIER  MILTON HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 206 E MARION ST SOUTH BEND, IN 46601
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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: 10/09/14</p> <p>Facility Number: 001141 Provider Number: 155738 AIM Number: 200905640</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Milton Home 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 two story facility with a basement is fully sprinklered and was determined to be of Type II (111) construction. The original building was constructed in 1952 with the nursing addition located on the first and second floors added in 1975.</p>	K010000	The facility shall ensure the following plan of correction meets the requirements of the identified standards.	

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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K010020 SS=F	<p>The facility has a fire alarm system with smoke detection in the corridors, in resident sleeping rooms on the second floor and in all areas open to the corridor. Resident sleeping rooms on the first floor have battery operated smoke detectors. The facility has a capacity of 34 and had a census of 31 at the time of this survey.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/20/14.</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 Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>Based on observation and interview, the facility failed to maintain a 1 hour fire resistive rating in 2 of 2 stairwells. Stairways and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. This deficient</p>	K010020	1] The facility shall ensure stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between the floors are enclosed with at least a 1 hour fire resistant rating.2] The Maintenance Director completed repairs to holes in the ceiling and ensure	11/07/2014

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K010021 SS=F	<p>practice effects all residents, visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 10/09/14 between 10:45 a.m. and 1:00 p.m. the following was noted;</p> <p>1) on the second floor landing, west end stairwell there were two one inch holes in the ceiling.</p> <p>2) on first floor, west end, the stairwell set of doors lacked a positive latching mechanism for one of the doors which did not latch into the frame. A manual slide bolt is used to secure the one double door.</p> <p>The aforementioned was acknowledged by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a</p>		<p>the first floor doors latched. The slide bolt was removed.3] Monthly, the Maintenance Director will assess all the facility to ensure compliance and repair any identified. This assessment will be documented on an audit form and reviewed with the Administrator. These assessments will continue for 3 months or until compliance is obtained.4] The Maintenance Director will review compliance with the Quality Assurance Committee for 3 months at their monthly meetings or until compliance is obtained.</p>				

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	<p>required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview the facility failed to ensure 2 of 6 stairway enclosures were maintained. Any door in an exit passageway, stairway enclosure, smoke barrier enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This deficient practice effects all residents, visitors and staff.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance on 10/09/14 between 10:45 a.m. and 1:00 p.m. the following was noted :</p> <p>a) the one hour fire rated stairway double door on the second floor entrance to the elevator / stairwell when released hit each other and did not latch.</p> <p>b) the basement entrance from the corridor into the elevator / stairway lobby</p>	K010021	<p>1] The facility shall ensure exit passages, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are held open by devices that automatically close when the fire alarm is activated.</p> <p>2] The Maintenance Director adjusted the double doors on the second floor entrance to the elevator so they closed and latched securely. Magnetic door closures were installed on the double doors in the basement, elevator/stairway. The closures are integrated with the fire alarm system.</p> <p>3] Monthly, the Maintenance Director will assess these doors to ensure they close properly and no other doors needed these devices added. These assessments will be documented on an audit form and reviewed with the Administrator. These assessments will continue for 3 months or until compliance is obtained.</p> <p>4] The Maintenance Director will review compliance with the Quality Assurance Committee for 3months or until compliance is obtained.</p>	11/07/2014			

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K010022 SS=E	<p>double fire doors did not have self closures and did not have positive latching which caused them to fail to lock into the frame.</p> <p>Based on interview during the times of observation, the Director of Maintenance acknowledged the aforementioned items.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4</p> <p>Based on observation and interview, the facility failed to ensure access to 1 of 3 exits had readily visible signs where the exit or way to reach the exit is not readily apparent. This deficient practice could effect 10 residents as well as staff and visitors.</p> <p>Findings are:</p> <p>Based on observation and interview, on the second floor the west end, an illuminated exit sign hanging from the ceiling was positioned in front of two double doors that were marked "Not an Exit". The actual exit door was approximately 16 feet back. Based on interview at the time of observation, the</p>	K010022	<p>1] The facility shall ensure exits are properly marked.</p> <p>2] The second floor exit was changed from "Not an Exit" to an "Exit".</p> <p>3] Monthly, the Maintenance Director will assess all exits to ensure they are properly identified and ensure any problem is corrected. These assessments will be documented on an audit form and reviewed with the Administrator. These assessments will continue for three months or until compliance is obtained.</p> <p>4] The Maintenance Director will review compliance with the Quality Assurance Committee for three months or until compliance is obtained.</p>	11/08/2014

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K010025 SS=F	<p>Director of Maintenance acknowledged the aforementioned deficiency.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview the facility failed to maintain smoke barriers with at least a 1/2 hour fire resistance rating. This deficient practice could effect all residents, staff and visitors</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance on 10/09/14 between 10:45 a.m. and 1:00 p.m., there were numerous sprinkler pipe unprotected penetrations through numerous walls through out the facility with more than a 1/2" opening around the sprinkler pipe. Based on interview during the the times of</p>	K010025	<p>1] The facility shall ensure smoke barriers are provided of at least one half hour fire resistance.</p> <p>2] The Maintenance Director completed protecting all sprinkler pipe penetrations with more than a 1/2" opening throughout the facility.</p> <p>3] Monthly, the Maintenance Director will assess the facility for 1/2" penetrations and ensure they are repaired. These assessments will be documented on an audit form and reviewed with the Administrator. These assessments will continue for 3 months or until compliance is obtained.</p> <p>4] The Maintenance Director will review compliance with the</p>	11/07/2014

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K010050 SS=F	<p>observation, the Director of Maintenance Acknowledged the aforementioned deficiency.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on interview and record review, the facility failed to conduct quarterly fire drills on each shift for 2 of 4 quarters. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Reports" with the Director of Maintenance on 10/09/14 between 9:45 a.m. and 10:45 a.m., the following was noted:</p> <p>a) A fire drill was not documented for the third shift of the third quarter of 2014. b) A fire drill was not documented for</p>	K010050	<p>Quality Assurance Committee for three months or until compliance is obtained.</p> <p>1] The facility shall ensure fire drills are conducted quarterly on each shift. 2] The Maintenance Director completed a 3rd shift fire drill on 10/31/14. Quarterly fire drills are scheduled each month on alternating shifts. 3] Monthly, the Maintenance Director shall create an annual schedule identifying each month's fire drill. This schedule will ensure each shift is provided a fire drill each quarter. The Administrator shall review this schedule and will monitor their completion. This will be on-going. 4] The Maintenance Director will review compliance with the Quality Assurance Committee for three months or until compliance</p>	11/07/2014	

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K010147 SS=F	<p>the first, second and third shifts of the fourth quarter of 2013.</p> <p>The aforementioned was acknowledged by the Director of Maintenance at the time of review.</p> <p>3.1-19(b)</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, the facility failed to ensure extension cords including powerstrips and non-fused multiplug adapters were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice would affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/09/14 between 10:45 a.m. and 1:00 p.m. with the Director of Maintenance, the</p>	K010147	<p>is obtained.</p> <p>1] The facility shall ensure extension cords are used and power strips are not used as a substitute of fixed wiring.2] The facility updated the power strip usage policy, attached. The Maintenance Director has installed multiple fixed electrical outlets in order to eliminate power strips in each of the identified areas.3] Monthly, the Maintenance Director shall assess the facility for use of power strips and extension cords. He shall install fixed outlets where violations are observed. This assessment shall be documented on an audit tool and reviewed with the Administrator. These assessments shall continue for three months or until compliance is obtained.4] The Maintenance Director will review compliance with the Quality Assurance Committee for three months or until compliance is obtained.</p>	11/07/2014

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K010160 SS=C	<p>following was noted:</p> <p>a) In Room 107 there were two multi-plug devices plugged into a regular wall outlet with multiple personal devices plugged into the multi plug devices.</p> <p>b) On the first floor main dinning room there were two window air conditioners, each one plugged into a separate extension cord.</p> <p>c) On the first floor small living room there was a window air conditioner plugged into a power strip.</p> <p>d) On the first floor at the nurses station there was a window air conditioner plugged into a power strip.</p> <p>e) On the second floor Director of Nursing's Office, a air conditioner, microwave, coffee pot were all plugged into one power strip.</p> <p>Based on interview with the Director of Maintenance on 10/09/14 between 10:45 a.m. and 1:00 p. m. the aforementioned findings were acknowledged as items that should be plugged directly into an outlet.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators.</p>			

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	<p>19.5.3, 9.4.3.2</p> <p>Based on observations, interview and record review; the facility failed to ensure the elevator equipment in 1 of 1 elevator equipment rooms was provided with a shunt trip. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. The elevator equipment room was located in the basement and could affect any resident using the elevator as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation and interview on 10/09/14 between 10:45 a.m. and 1:00 p.m. with the Director of Maintenance, the elevator equipment room located in the basement below the Assisted living portion of the facility was provided with a quick response sprinkler head and smoke detector protection. The Director of Maintenance acknowledged a shunt trip which is designed to automatically disconnect power to the affected elevator</p>	K010160	<p>1] The facility shall ensure that the elevator room has a shunt installed for disconnecting the main power prior to the application of water [sprinkler].</p> <p>2] The Maintenance Director shall have the installation completed as soon as possible. An approved work order will be in place by 11/7/14 if the contractor is unable to complete the project prior to this date.</p> <p>3] The Administrator shall monitor the expeditious completion of this project on a daily basis until scheduled and completed.</p> <p>4] The Maintenance Director will review compliance with the Quality Assurance Committee for three months or until compliance is obtained.</p>	11/07/2014			

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	had not been installed in the elevator equipment room. Based on the Sprinkler Inspection and Test Report record review on 10/09/14 between 09:45 a.m. and 10:45 a.m. with the Director of Maintenance, there was no mention of a shunt trip installation in the room.  3.1-19(b)				