

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155539	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER BERTHA D GARTEN KETCHAM MEMORIAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 E RACE ST ODON, IN 47562
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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: 06/04/15</p> <p>Facility Number: 000300 Provider Number: 155539 AIM Number: 100287340</p> <p>At this Life Safety Code survey, Bertha D. Garten Ketcham Memorial Center Inc. 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), and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility 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 in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 62</p>	K 0000		

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 0021 SS=E Bldg. 01	<p>and had a census of 57 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, one detached garage used for facility storage, and one detached office building used by employees only.</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 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 1 of 10 hazardous area room doors, such as a kitchen service door, was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect any number of residents as well as staff and visitors while in the dining room.</p>	K 0021	Architectural Sales has been contracted to remove existing metal rolling door between kitchen and dining room They will replace with a "Cookson Push Up Type Counter Shutter" with automatic drop smoke shutter Vanguard Alarm Systems will place the new door on the fire alarm system The door will automatically shut when fire alarm is activated	07/03/2015
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K 0144 SS=F Bldg. 01	<p>Findings include:</p> <p>Based on observation on 06/04/15 at 11:30 a.m. during a tour of the facility with the Maintenance Supervisor, the metal rolling door between the kitchen and dining room could only be closed manually. Based on interview at the time of observation, the Maintenance Supervisor said it does not close automatically when the fire alarm system is actuated.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating</p>	K 0144	<p>Them Maintenance Supervisor will conduct test on door 1 x week for 4 weeks then 1 x month thereafter and document/record The documentation will be reviewed at quarterly QA meetings</p> <p>The generator load test has been completed with complete documentation with results of > 30% for 30 minutes This procedure will be conducted by the Maintenance Supervisor. The documentation will be reviewed quarterly at the QA meeting. See attached form.</p>	06/22/2015			

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	<p>conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Generator Log monthly load test on 06/04/15 at 11:00 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months. During an interview at the time of record review, the Maintenance Supervisor acknowledged the monthly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of</p>			

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K 0000 Bldg. 02	<p>the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p> <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: 06/04/15</p> <p>Facility Number: 000300 Provider Number: 155539 AIM Number: 100287340</p> <p>At this Life Safety Code survey, Bertha D. Garten Ketcham Memorial 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), and 410 IAC 16.2. The 2012 addition consisted of the new Physical Therapy addition which was surveyed with Chapter 18, New Health Care Occupancies.</p>	K 0000		

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K 0144 SS=F Bldg. 02	<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 hard wired smoke detectors in the new Physical Therapy addition, corridor, and all adjacent rooms. The facility has a capacity of 62 and had a census of 57 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, one detached garage used for facility storage, and one detached office building used by employees only.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service</p>	K 0144	The generator load test has been completed with complete documentation with results of > 30% for 30 minutes This procedure will be conducted by the Maintenance Supervisor. The documentation will be reviewed quarterly at the QA meeting. See attached form.	06/22/2015

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	<p>shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Generator Log monthly load test on 06/04/15 at 11:00 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months. During an interview at the time of record review, the Maintenance Supervisor acknowledged the monthly generator log did not include documentation the generator was exercised under operating</p>			

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	conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes. 3.1-19(b)				