

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155325	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2013
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NAME OF PROVIDER OR SUPPLIER MEADOW VIEW HEALTH AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 900 ANSON ST SALEM, IN 47167
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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: 06/12/13</p> <p>Facility Number: 000218 Provider Number: 155325 AIM Number: 100274800</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadow View Health and 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</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 and spaces open to the corridors, plus battery operated</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 Department's inspection report.</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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	<p>smoke detectors in all resident sleeping rooms. The facility has a capacity of 128 and had a census of 79 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except one detached wood framed storage shed.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010029 SS=E	<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 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 14 sprinklered hazardous area rooms, such as a Dietary Storage room over 50 square feet in size containing combustible material was separated from other spaces by smoke resisting partitions and doors. This deficient practice could affect 27 residents, as well as staff and visitors from the 100 and 200 halls while in the dining room.</p> <p>Findings include:</p> <p>Based on observation on 06/12/13 at 1:18 p.m. during a tour of the facility with the Maintenance Supervisor and Maintenance Assistant # 1, the Dietary Storage room had been expanded and opened into the main Dining Room/corridor. The facility created a new door opening and added two walls into the Dining Room/corridor</p>	K010029	No specific residents were cited or required corrective action due to this deficient practice. The Dietary Storage Room addition has been removed and is no longer open to the dining room/corridor. The combustible items from the open storage area are being kept in a contained and sprinklered dietary storage room. The maintenance staff have been educated on ensuring proper approvals are received from the corporate environmental services staff when making changes to the facility's physical plant to ensure compliance with Federal, State and Life Safety Codes. The Administrator will complete an environmental tours to ensure no physical plant changes have been made without approval from the corporate office. The audit will be completed monthly for 6 months, and then quarterly for 2 quarters, and the results of the audit will be	07/01/2013			

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	<p>from the Dietary Storage room. The expanded area was sixty six square feet and was not provided with a ceiling to separate it from the main Dining Room/corridor, furthermore, the existing portion of the Dietary Storage room was also open to the Dining Room/corridor since there was a doorway opening with no door provided. Both sections of the Dietary Storage room were full of combustible items such as cardboard boxes, paper, and plastic containers full of food items. This was acknowledged by the Maintenance Supervisor and Maintenance Assistant # 1 at the time of observation.</p> <p>3.1-19(b)</p>		<p>submitted to the Quality Performance Improvement Committee (QPI) for review. Any further action will be determined by the QPI committee. Date of Compliance will be July 1, 2013.</p>		

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K010062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters (once every three months). LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspection; flow, drain, and pump tests; trip tests of dry pipe, deluge and preaction valves. NFPA 25, 2-2.6 requires that alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 2-3.3 requires waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type</p>	K010062	No specific residents were cited or required corrective action due to this deficient practice. The quarterly sprinkler system inspection was completed on 6/14/2013. The maintenance staff have been educated on ensuring the facility's sprinkler systems are continuously maintained in reliable operating condition and inspected and tested quarterly. The Maintenance Supervisor will submit a report of the dates the last sprinkler inspection was completed to the Quality Performance Improvement Committee (QPI) for review. The report will be submitted monthly for 6 months and then quarterly for 2 quarters and any further action will be determined by the QPI committee. Date of Compliance is 7/1/13.	07/01/2013			

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	<p>waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records in the Inspections book on 06/12/13 at 10:45 a.m. with the Maintenance Supervisor and Maintenance Assistant # 1 present, the most recent quarterly sprinkler system inspection report available was dated 02/13/13. It has been almost four months since that date which is a month past due. During an interview at the time of record review, the Maintenance Supervisor indicated the sprinkler system inspections have been contracted to a new vendor but the new vendor has not yet performed a sprinkler system inspection.</p> <p>3.1-19(b)</p>				