

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155029	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/21/2014
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NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 E 16TH ST INDIANAPOLIS, IN 46218
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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: 11/21/14</p> <p>Facility Number: 000012 Provider Number: 155029 AIM Number: 100274900</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Nursing 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 two story facility was determined to be of Type II (111) construction and 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	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a post survey review on or after December 7th, 2014. We respectfully request a desk review in lieu of a post survey revisit.	

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=E	<p>operated smoke detectors installed in resident sleeping rooms 133 through 141 and 233 through 237. The facility has smoke detectors hard wired to the fire alarm system installed in all other resident sleeping rooms. The facility has a capacity of 115 and had a census of 97 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility storage services which are each not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/25/14.</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. Based on observation and interview, the facility failed to maintain a one hour fire</p>	K010020	<p>K 020 1.whatcorrective action(s) will be accomplished for those</p>	12/07/2014

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	<p>resistance rating for 1 of 4 stairwell vertical openings. This deficient practice could affect 10 residents, staff and visitors in the smoke compartment adjoining the stairwell by the first floor Social Services Office.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director, Maintenance Supervisor and the Maintenance Assistant during a tour of the facility from 11:15 a.m. to 2:05 p.m. on 11/21/14, a three inch in diameter hole for the passage of a one inch in diameter pipe was noted in the west stairwell wall above the suspended ceiling by the first floor Social Services Office which did not provide a fire resistance rating of one hour for the vertical opening. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned opening in the west stairwell wall by the first floor Social Services Office failed to maintain a fire resistance rating of one hour.</p> <p>3.1-19(b)</p>		<p>residents found to have been affected by the deficient practice; This three inch diameter hole was filled with appropriate fire caulk</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? This deficient practice has the potential to affect 10 residents. Appropriate fire caulk was applied to affected area to alleviate issue.</p> <p>3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? Maint Director will ensure that any future holes drilled in fire walls are filled with appropriate Caulk.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place. Once appropriate caulk is installed, the deficient practice will be corrected. Quality Assurance Committee/maintenance director will monitor any future work completed on firewalls to ensure that appropriate caulk is used.</p> <p>5. By what date will systemic</p>	

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K010025 SS=E	<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>1. Based on observation and interview, the facility failed to ensure ensure 2 of 2 ceiling smoke barriers was maintained to provide at least a one half hour fire resistance rating. This deficient practice could affect 24 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director, Maintenance Supervisor and the Maintenance Assistant during a tour of the facility from 11:15 a.m. to 2:05 p.m. on 11/21/14, the following openings in the ceiling smoke barrier on the first and second floor were noted:</p> <p>a. a one foot by two foot section of drywall was used to patch an opening in</p>	K010025	<p>changes be completed?</p> <p>Dec 7th, 2014</p> <p>1.whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice; Ceilingissue in Business office was patched with a new piece of drywall; All otherholes identified were caulked with appropriate caulk to achieve proper firerating.</p> <p>2.How will you identify other residentshaving the potential to be affected by the same deficient practice and whatcorrective action will be taken? This deficient practice has the potentialto affect 60 residents. Appropriate firecaulk was applied to affected area to alleviate issue.</p>	12/07/2014

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	<p>the ceiling of the first floor Business Office Closet but it was not placed completely over the opening leaving a one foot by two inch long opening in the ceiling.</p> <p>b. a two inch in diameter hole in the ceiling of the second floor housekeeping closet was sealed with expandable foam which is not an approved material for maintaining the smoke resistance of a smoke barrier.</p> <p>c. a four inch in diameter hole in the ceiling above the electrical panel in the second floor Medical Records Office. Based on interview at the time of the observations, the Maintenance Supervisor stated documentation of the fire resistance rating of the expandable foam was not available for review and acknowledged the aforementioned openings in the ceiling smoke barrier on the first and second floor did not provide at least a one half hour fire resistance rating.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure openings through 1 of 5 smoke barrier walls on the first floor were protected to maintain the smoke resistance of the smoke barrier. This deficient practice could affect 60 residents, staff and visitors on the first</p>		<p>3.What measures will be put into place orwhat systemic changes will you make to ensure that the deficient practice doesnot recur? Maint Director will ensure that any future holes drilled in fire wallsare filled with appropriate Caulk and any damage to a smoke barrier will berepaired.</p> <p>4. How the corrective action will be monitored toensure the deficient practice will not recur i.e. what quality assuranceprogram will be put into place Once appropriate caulk is installed andthe issue in the business office ceiling is fixed, the deficient practice willbe corrected. Quality AssuranceCommittee/maintenanc e director will monitor any future work completed onfirewalls to ensure that appropriate caulk is used.</p> <p>5.By whatdate will systemic changes be completed? Dec 7th, 2014</p>	

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	<p>floor.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director, Maintenance Supervisor and the Maintenance Assistant during a tour of the facility from 11:15 a.m. to 2:05 p.m. on 11/21/14, the following openings in first floor smoke barrier walls were noted:</p> <p>a. four three inch diameter holes above the suspended ceiling at the cross corridor door set by Room 114 were sealed with expandable foam.</p> <p>b. three four inch in diameter holes above the suspended ceiling at the cross corridor door set by Room 134 two of which were sealed with expandable foam.</p> <p>c. one six inch in diameter hole and the annular space surrounding one three inch in diameter pipe above the suspended ceiling at the cross corridor door set by the first floor Social Services Office were not firestopped.</p> <p>Based on interview at the time of the observations, the Maintenance Supervisor stated documentation of the fire resistance rating of the expandable foam was not available for review and acknowledged the aforementioned openings in the smoke barrier wall above the suspended ceiling failed to maintain the smoke resistance of the smoke</p>						

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K010033 SS=E	<p>barrier.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1</p> <p>Based on observation and interview, the facility failed to maintain a one hour fire resistance rating for 1 of 4 stairwell exits. This deficient practice could affect 10 residents, staff and visitors in the smoke compartment adjoining the stairwell by the first floor Social Services Office.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director, Maintenance Supervisor and the Maintenance Assistant during a tour of the facility from 11:15 a.m. to 2:05 p.m. on 11/21/14, a three inch in diameter hole for the passage of a one inch in diameter pipe was noted in the west stairwell wall above the suspended ceiling by the first floor Social Services Office which did not provide a fire resistance rating of one hour for the stairwell exit. Based on</p>	K010033	<p>1.whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice; Thisthree inch diameter hole was filled with appropriate fire caulk</p> <p>2.How will you identify other residentshaving the potential to be affected by the same deficient practice and what correctiveaction will be taken? This deficient practice has the potentialto affect 10 residents. Appropriate firecaulk was applied to affected area to alleviate issue.</p> <p>3.What measures will be put into place orwhat systemic changes will you make to ensure that the deficient practice doesnot recur? Maint Director will ensure that any future holes drilled in fire wallsare</p>	12/07/2014

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K010147 SS=E	<p>interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned opening in the west stairwell wall by the first floor Social Services Office failed to maintain a fire resistance rating of one hour.</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 Based on observation and interview, the facility failed to ensure 2 of 2 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 70 residents, staff and visitors on the first and second floor.</p> <p>Findings include:</p>	K010147	<p>filled with appropriate Caulk.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place. Once appropriate caulk is installed, the deficient practice will be corrected. Quality Assurance Committee/maintenance director will monitor any future work completed on firewalls to ensure that appropriate caulk is used.</p> <p>5. By what date will systemic changes be completed? Dec 7th, 2014</p> <p>1. what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; All residents have the potential to be affected by the deficient practice. All power strips identified were removed from resident rooms.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and</p>	12/07/2014

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	<p>Based on observations with the Executive Director, Maintenance Supervisor and the Maintenance Assistant during a tour of the facility from 11:15 a.m. to 2:05 p.m. on 11/21/14, the following was noted:</p> <p>a. an operating oxygen concentrator was plugged into a power strip in resident sleeping Room 127 on the first floor.</p> <p>b. a refrigerator was plugged into a power strip in resident sleeping Room 225 on the second floor.</p> <p>Based on interview at the time of the observations, the Maintenance Supervisor and the Maintenance Assistant acknowledged extension cords including power strips were being used as a substitute for fixed wiring at the aforementioned locations.</p> <p>3.1-19(b)</p>		<p>what corrective action will be taken? All residents have the potential to be affected by the deficient practice. Customer care representatives will monitor their rooms daily to ensure that powerstrips/extension cords are not used in place of fixed wiring for high voltage items such as oxygen concentrators, refrigerators, and microwaves and other medical equipment.</p> <p>3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? Maintenance director/designee will monitor resident rooms weekly x4 weekly, monthly x2 months and quarterly thereafter to ensure powerstrips/extension cords are not being used in resident rooms.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place Maintenance director/designee will monitor resident rooms weekly x4 weekly, monthly x2 months and quarterly thereafter to ensure powerstrips/extension cords are not being used in resident rooms. Audits will be brought to monthly CQI meetings for evaluation</p>	

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