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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155464 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 01/17/2012 |
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| NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872 |
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| K0000 | <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: 01/17/12</p> <p>Facility Number: 000492 Provider Number: 155464 AIM Number: 100291360</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rockville 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 one story facility was determined to be of Type II (111)</p> | K0000 | | |
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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>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 38 and had a census of 34 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/18/12.</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p> | | | |
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| K0051 SS=F | <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all occupants.</p> <p>Findings include: Based on observation with the</p> | K0051 | <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>K 051 Fire Alarm System (Circuit Breaker)</p> <p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice: Fire Alarm Circuit Control Disconnect (breaker) was identified and labeled FIRE ALARM CIRCUIT CONTROL and marked in red for ease of identification.</p> <p>(b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> | 02/16/2012 | | | |

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| | <p>maintenance director on 01/17/12 at 2:10 p.m., the fire alarm system circuit breaker located in the emergency power breaker box lacked identification. The maintenance director said at the time of observation, it was a good idea to identify the fire alarm circuit breaker.</p> <p>3.1-19(b)</p> | | <p>Residents had the potential to be affected however none were identified.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>Maintenance Director had been in-serviced as to the required components of this tag. The Facility Preventative Maintenance checklists were verified to the inclusion of monthly inspection of the identified circuit.</p> <p>(d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>The monitoring of this tag will be a joint effort between the NHA and the Maintenance Director as they will conduct verification that the inspection of this Circuit Control Disconnect (breaker) was identified and labeled FIRE ALARM CIRCUIT CONTROL and marked in red for ease of identification. for the next four weeks and bi-monthly for 2 months as they review the PM Checklists. A report of their findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met and quarterly monitoring by the Assistant Director of Plant Operations/Designee is recommended.</p> <p>(e) Date of compliance: 2/16/12</p> | |

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| K0062 SS=F | <p>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, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler system gauges was replaced or calibration tested every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on a review of sprinkler system maintenance and test reports with the maintenance director on 01/17/12 at 12:45 p.m., information was not found for the calibration or replacement of the sprinkler system gauge. The gauge was observed on</p> | K0062 | <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>K 062 Sprinklers</p> <p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>Automatic Sprinkler System Gauges (1 of 1) not inspected or replaced within 5 years of last inspection was replaced. Gauge was replaced by Sprinkler vendor 1/19/2012.</p> <p>(b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> <p>Residents had the potential to be affected however none were identified.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>Maintenance Director had been in-serviced as to the required components of this tag. The Facility Preventative Maintenance checklists were verified to the inclusion of monthly inspection and annotated as to the date of next inspection compared to a calibrated gauge or replacement of</p> | 02/16/2012 | | | |

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| | 01/17/12 at 2:20 p.m. with the maintenance director. 2006 was written in black marker on the face of the gauge which, the maintenance director acknowledged at the time of observation, indicated the last year a gauge calibration or replacement occurred. 3.1-19(b) | | gauge to be in compliance to this standard. (d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: The monitoring of this tag will be a joint effort between the NHA and the Maintenance Director as they will conduct verification that the inspection of this gauge has been completed for the next four weeks and bi-monthly for 2 months as they review the PM Checklists. A report of their findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met and quarterly monitoring by the Assistant Director of Plant Operations/Designee is recommended. (e) Date of compliance: 2/16/12 | | |