

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155468	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2015
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NAME OF PROVIDER OR SUPPLIER BRECKENRIDGE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 325 W NORTHWOOD DR SULLIVAN, IN 47882
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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: 06/23/15</p> <p>Facility Number: 000525 Provider Number: 155468 AIM Number: 100267010</p> <p>At this Life Safety Code survey, Breckenridge 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 smoke alarms in all resident sleeping rooms. The facility has a capacity of 77</p>	K 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</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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K 0038 SS=B Bldg. 01	<p>and had a census of 29 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a garage used for a maintenance shop, plus two wood storage sheds.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure exit egress for 1 of 6 exits was arranged to minimize tripping hazards in accordance with LSC Section 7.1. LSC Section 7.1 requires that means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.1.6 requires that walking surfaces in the means of egress shall comply with 7.1.6.2 through 7.1.6.4. LSC Section 7.1.6.2 requires abrupt changes in elevation shall not exceed 1/4 inch. LSC Section 7.1.6.3 requires walking surfaces to be nominally level. This deficient practice could affect up to 11 residents, as well as staff and visitor in the 100 hall.</p> <p>Findings include:</p>	K 0038	Requires that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. The facility will ensure this requirement is met through the following corrective measures. 1) The sidewalk outside the 100 hall exit will no longer have a one half inch grade change where the first large section of concrete meets the sidewalk, which creates a tripping hazard. 2) All residents have the potential to be affected. No residents, staff or visitors were affected. 3) The sidewalk was repaired by the Maintenance department. There is no longer a one half inch grade change where the first large section of concrete meets the sidewalk. 4) The Maintenance director will conduct rounds every quarter to make sure all walking surfaces in the means of egress	07/10/2015

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K 0050 SS=C Bldg. 01	<p>Based on observation on 06/23/15 at 1:00 p.m. during a tour of the facility with Maintenance Director, the side walk outside the 100 hall exit had a one half inch grade change where the first large section of concrete met the sidewalk, which could create a tripping hazard. Based on interview at the time of observation, the Maintenance Director acknowledged the one half inch grade change where the first large section of concrete met the sidewalk could be a tripping hazard.</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>1. Based on record review and interview, the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department for 12 of 12 fire drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the</p>	K 0050	<p>are nominally level (Exhibit A).</p> <p>Requires that 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</p>	07/10/2015	

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	<p>transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 06/23/15 at 10:15 a.m. with the Administrator present, the fire drill form the facility uses did not include information such as the name of the person spoken to at the monitoring company and the time the transmission of the fire alarm was received. Based on interview at the time of record review, the Administrator acknowledged documentation for the transmission of the fire alarm to the monitoring company was not complete information.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 06/23/15 at 10:15 a.m. with the</p>		<p>exercise leadership. Where drills are conducted between 9PM and 6 AM, a coded announcement may be used instead of audible alarms. 1) Maintenance director will document on each fire drill form who he spoke with at alarm company and what time. This will ensure that the transmission of fire alarm signal to monitoring company was received. Maintenance will also make sure fire drills are held at varied times. 2) All residents have the potential to be affected. No residents were affected. 3) The person spoke to, time and if signal received will be added to Monthly fire drill form under comment section. Also, in bold letters, to vary times of fires drills will be added to Monthly fire drill form. (Exhibit B) 4) An audit of monthly fire drills will be done by Administrator, to make sure there is documentation of signal being received and times vary as to when fire drill conducted. (Exhibit C).</p>	

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K 0062 SS=F Bldg. 01	<p>Administrator present, three of four first shift (day) fire drills were performed between 10:20 a.m. and 10:50 a.m. During an interview at the time of record review, the Administrator acknowledged the times the first shift fire drills were performed and agreed the times were not varied enough.</p> <p>3-1.19(b)</p> <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 observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's quarterly sprinkler system inspection on 06/23/15 at 11:00 a.m. with the Administrator present, the 05/20/15 inspection report stated "While performing fire sprinkler system trip test found that automatic accelerator on 4" CSC Dry pipe valve Do Not Work! Without accelerator working</p>	K 0062	<p>Requires automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The facility will ensure this requirement is met through the following corrective measures.1) Safecare to replace existing quick opening device for dry pipe sprinkler system with new Tyco brand accelerator and trim. Also performing partial trip test to verify operation of new device. Safecare will also replace existing 1/4 inch airline and air regulator for dry pipe sprinkler system with new 1/2 inch airline and air regulator equipped with bypass assembly. this service will be completed on 7/22/15.2) All residents have the potential to be affected. No residents were</p>	07/23/2015

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K 0144 SS=F Bldg. 01	<p>it takes 80 seconds for dry pipe valve to trip and water needs to reach test point outlet within 60 seconds. (Trip Test Failed!)". Furthermore, it stated "Also found that 1/4" regulator on Kobolt air compressor is regulating air pressure in fire sprinkler system. 1/2" air regulator with assembly and new 1/2" air line need to be installed". There was no supporting documentation to show these items have been repaired and/or replaced. This was acknowledged by the Administrator at the time of record review and confirmed by the Maintenance Director at the time of exit conference.</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. 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</p>	K 0144	<p>affected. 3) Quarterly sprinkler system inspections will continue to be conducted to make sure sprinkler system is in reliable operating condition. When recommendations are made, Administrator and Maintenance director will get a copy. Administrator will ensure that recommendations are followed up on per Maintenance department. 4) This corrective action will be monitored through Maintenance QA audit. (Exhibit D) Systematic changes completed by 7/17/15.</p> <p>Requires generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA99. The facility will ensure this requirement is met through the following corrective measures.1) Safecare conducted a load bank test and inspection on 7/15/15. Load bank test and inspection showed that KW reached above 7.5 (Exhibit E). 2) No residents were affected by</p>	07/15/2015			

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	<p>Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating temperature conditions or at 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 Monthly Generator Load Test documentation on 06/23/15 at 12:00 p.m. with the Administrator present, the generator log form documented the generator was tested monthly under load, however, the documentation did not show the generator was exercised under operating temperature conditions or at not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months and was under the 30 percent requirement. The generator log form indicated the generator was a 25 KW generator that required 7.5 KW to meet at</p>		<p>this deficient practice. 3) Maintenance director will be inserviced on NFPA 101 Life Safety Code standard (Exhibit F)4) Administrator will monitor generator test results for continued compliance. This will be a monthly audit. (Exhibit G)</p>				

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K 0154 SS=C Bldg. 01	<p>least the 30 percent requirement. The column for "load" had the answer 3 KW during each of the past twelve months. This was acknowledged by the Administrator at the time of record review and was confirmed by the Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 29 of 29 residents containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25,</p>	K 0154	Requires where a required automatic sprinkler system is out of service for more than 4 hours in a 24 hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.1) FIRE WATCH policy will have phone numbers of local fire department, alarm company, Indiana State Department of Health, Insurance Carrier, Owner and Administrator on it. 2) All residents have the	07/10/2015	

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K 0155 SS=C Bldg. 01	<p>11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors at the time of this survey.</p> <p>Findings include:</p> <p>Based on review of the emergency Fire Watch Policy with the Administrator present on 06/23/15 at 10:45 a.m., the facility did have a written policy and procedure for an impaired fire protection system, however, the fire watch policy and procedure did not include phone numbers for the local fire department, insurance carrier, and the Indiana State Department of Health. The lack of this documentation was acknowledge by the Administrator at the time of record review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to</p>				<p>potential to be affected. No residents were affected. 3) The phone number for local fire department, alarm company, Indiana State Department of Health, Insurance Carrier, Owner and Administrator will be added to Fire watch policy. 4) Fire watch policy will be reviewed per Administrator semi-annually to make sure accurate phone numbers ar on it. Changes will be made to policy immediately in the event a phone number changes. (Exhibit H). Systemetic change made by 7/10/15.</p>		

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	<p>service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 29 of 29 residents containing procedures to be followed in the event the fire alarm system has to be placed out of services for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all occupants in the facility including residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the emergency Fire Watch Policy with the Administrator present on 06/23/15 at 10:45 a.m., the</p>	K 0155	<p>Requires where a required automatic sprinkler system is out of service for more than 4 hours in a 24 hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 1) FIRE WATCH policy will have phone numbers of local fire department, alarm company, Indiana State Department of Health, Insurance Carrier, Owner and Administrator on it. 2) All residents have the potential to be affected. No residents were affected. 3) The phone number for local fire department, alarm company, Indiana State Department of Health, Insurance Carrier, Owner and Administrator will be added to Fire watch policy. 4) Fire watch policy will be reviewed per Administrator semi-annually to make sure accurate phone numbers ar on it. Changes will be made to policy immediately in the event a phone number changes. (Exhibit H). Systemetic change made by 7/10/15.</p>	07/10/2015

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	<p>facility did have a written policy and procedure for an impaired fire protection system, however, the fire watch policy and procedure did not include phone numbers for the local fire department and the Indiana State Department of Health. The lack of this documentation was acknowledge by the Administrator at the time of record review.</p> <p>3.1-19(b)</p>				