

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155728	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/15/2013
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NAME OF PROVIDER OR SUPPLIER  MANDERLEY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 806 S BUCKEYE ST OSGOOD, IN 47037
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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: 04/15/13</p> <p>Facility Number: 000493 Provider Number: 155728 AIM Number: 100291300</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manderley Health Care 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has</p>	K010000	Completion date of May 15, 2013	

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>a capacity of 71 and had a census of 64 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/18/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010025 SS=F	<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>Based on observations and interview, the facility failed to ensure 1 of 2 ceiling attic access panels in the smoke barrier was constructed to provide at least a one half hour fire resistance rating. This deficient practice could affect all residents in the facility, based on the central location of the nurses' station soiled linen room.</p> <p>Findings include:</p> <p>Based on observation with the administrator and maintenance supervisor on 04/15/13 at 1:20 p.m., the center nurses' station soiled linen room ceiling attic access panel had a two inch gap where the attic access panel drywall was not flush to the drywall ceiling. This was verified by the administrator and maintenance supervisor at the time of observation and confirmed by the maintenance supervisor at the exit conference on 04/15/13 at 2:25 p.m.</p>	K010025	All residents have the potential to be affected. This facility has only one attic access panel which has been repaired with hardy concrete board to eliminate the gap of two inches where the attic access panel meets the drywall. See attachment # AAdminister to monitor. 5/15/13	05/13/2013			

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	3.1-19(b)			

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K010050 SS=F	<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 interview and record review, the facility failed to conduct quarterly fire drills on each shift for 1 of 4 quarters over the past year. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports with the administrator on 04/15/13 at 10:40 a.m., a fire drill was not documented for the fourth quarter, third shift of the year 2012. Additionally, based on interview with the administrator during the review of the Fire Drill Reports, there was no other documentation available for review to verify this fire drill was conducted. This was confirmed by the maintenance supervisor at the exit conference on 04/15/13 at 2:25 p.m.</p>	K010050	Maintenance supervisor is responsible for fire drills. He is a certified fire fighter I II, instructor I, fire officer I and fire officer strategy and tactics. At time of employment maintenance supervisor was given instruction on how to complete drills. But in his training and change over this fourth quarter drill was missed. A calendar is in place to show when each shift drill is due. See attachment # B. Administrator to monitor. Maintenance supervisor has been instructed on varying times of drills. He is to look back at previous drills to insure times are varied. Administrator to monitor.	05/13/2013			

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	<p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 3 shift's fire drills were held at varying times over the past year to protect 64 of 64 residents. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on a review of the Fire Drill Reports with the administrator on 04/15/13 at 10:40 a.m., the Fire Drill Reports for first shift were held at the following similar times over the past year; first shift drill on 03/27/13 at 10:17 a.m., on 06/12/12 with no time listed on the report, on 09/18/12 at 10:00 a.m., on 10/12/12 at 11:24 a.m., and on 12/10/12 at 10:15 a.m. The similarly timed fire drill records for first shift were acknowledged by the administrator at the time of record review and confirmed by the maintenance supervisor at the exit conference on 04/15/13 at 2:25 p.m.</p> <p>3.1-19(b)</p>				

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K010052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure the fire alarm system was tested to include the transmission of the fire alarm signal during 5 of 12 fire drills conducted over the past year. NFPA 72, National Fire Alarm Code, in Table 7-3.2, Testing Frequencies at number 23 requires monthly testing of the Supervisory Station Fire Alarm Systems receivers. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports with the administrator on 04/15/13 at 10:40 a.m., the fire drills conducted on 12/10/12 at 10:15 a.m., on 09/18/12 at 10:00 a.m., on 07/23/12 at 11:00 p.m., on 06/12/12 with no time listed, and on 05/08/12 at 3:00 p.m. lacked documentation the fire alarm system was activated during each fire drill conducted. Based on an interview with the administrator on 04/15/13 at 11:15 a.m., it was indicated the fire alarm system was</p>	K010052	All drills conducted between 6 am and 9 pm are done with audible alarms. Drills will be noted on reports that alarm sounded and time. Fire alarm drills conducted between 9 pm and 6 am are silent. Alarm will be tested on the following shift. Administor to monitor.	05/13/2013			

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	not tested during any of the fire drills listed above. The lack of fire alarm system transmission during fire drills was confirmed by the maintenance supervisor at the exit conference on 04/15/13 at 2:25 p.m.  3.1-19(b)			

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K010067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a potion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/15/13 during a tour of the facility from 10:30 a.m. to 2:25 p.m. with the administrator and maintenance supervisor, all rooms in the facility used the egress corridors as a return air system. This was verified by the administrator and maintenance supervisor at the time of observations and confirmed by the maintenance supervisor at the exit conference on 04/15/13 at 2:25 p.m.</p>	K010067	See Attachment # C, D, & E.	05/13/2013			

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K010130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 18 of 35 resident room smoke detectors were located where airflow would not prevent the operation of the detectors. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice affects 36 residents who reside on the 200 Hall and the 300 Hall.</p> <p>Findings include:</p> <p>Based on observations on 04/15/13 during a tour of the 200 Hall and 300 Hall from 11:00 a.m. to 2:15 p.m. with the administrator and maintenance supervisor, resident rooms 201, 202, 203, 204, 205, 206, 207, 208, 209, and 210 on the 200 Hall, and resident rooms 301, 302, 305, 306, 309, 310, 313, and 314 on the 300 Hall had ceiling mounted smoke detectors located between six inches and one and one half feet from the supply air ducts. This was verified by the administrator and maintenance supervisor at the time of observations and confirmed</p>	K010130	As of April 29, 2013 all air vents have had shields installed to deflect air flow of air conditioner vent away from resident room smoke detectors installed. See attachment # FAdministor to follow.	05/13/2013	

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	by the maintenance supervisor at the exit conference on 04/15/13 at 2:25 p.m.  3.1-19(b)				