

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155246	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2015
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NAME OF PROVIDER OR SUPPLIER  CHESTERTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 110 BEVERLY DR CHESTERTON, IN 46304
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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). Survey Date: 09/15/15</p> <p>Facility Number: 000150 Provider Number: 155246 AIM Number: 100267000</p> <p>At this Life Safety survey, Chesterton Manor 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 detection in the corridors and areas open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 100 and had a census of 75 at the time of this survey.</p>	K 0000	<p>K 000 INITIAL COMMENTS K 000 A Life Safety Code Recertification and StateLicensure Survey was conducted by the Indiana State Department of Health inaccordance with 42 CFR 483.70(a). Survey Date: 09/15/15 <b>Thefacility requests paper compliance for these citations.</b> The filing of this plan of correctiondoes not constitute an admission that the alleged deficiency exists. This plan of correction is provided asevidence of the facility's desire to comply with the regulations and tocontinue to provide quality care.</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 0062 SS=F Bldg. 01	<p>Areas where residents have customary access were sprinklered except the smoke hut. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/16/15 - DA</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 record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was inspected every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. Section 10-2.2, Obstruction Prevention, states systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice affects all occupants in the facility including staff, visitors and</p>	K 0062	<p>K 062 SS=F NFPA 101 LIFE SAFETY CODE STANDARD Requires automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was inspected every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. The facility has recently changed owner ship in August of 2015 and the new owners of the facility have in place policy and procedures to ensure automatic sprinkler piping is inspected and maintained in accordance with NFPA 25 Testing and Maintenance of water</p>	05/30/2016

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K 0066 SS=D Bldg. 01	<p>residents.</p> <p>Findings include:</p> <p>Based on review of sprinkler system "Internal Pipe Inspection" documentation and interview with the Maintenance Supervisor and Administrator on 09/15/15 at 12:00 p.m., an internal inspection had been performed by SafeCare on 05/06/14. On the report, SafeCare had indicated "While Performing Service Found That Piping Has Rust Build-Up and System Is In Need of Flush." Based on interview at the time of record review, the Maintenance Supervisor and Administrator acknowledged that a flush had not been scheduled.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international</p>		<p>based fire suppression systems. All Residents, Visitors and Staff have the potential of being affected.</p> <p>1.Bids from qualified contractors are currently being obtained to comply with the regulation. The process scheduling contractors for the purpose of obtaining bids will be completed in thirty days. A good faith effort to award a contract and schedule inspection and any subsequent repairs will be completed in 8 months from the date the contract has been awarded. A copy of the completed inspection and any subsequent repairs will be available for review with the Maintenance Director in his facility specific file. The Facility is therefor requesting a waiver be granted to accommodate the completion of the internal inspection and any subsequent repairs necessary to the fire suppression system by a qualified contractor. Please see attached waiver request state form 54147</p>		

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	<p>symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 areas where smoking was permitted for staff and residents were maintained and the metal container with a self-closing cover was used for an ashtray. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 01/27/15 at 10:10 a.m., the employee smoking area had cigarette butts on the ground. Based on interview at the time of observation, the Maintenance Supervisor counted that at least 20 cigarette butts were on the ground in the designated employee smoke area.</p> <p>3.1-19(b)</p>	K 0066	<p>K 066 SS=D NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions: This STANDARD was not met by the facility due to failure to ensure 1 of 3 areas where smoking was permitted for staff and residents were maintained and the metal container with a self-closing cover was used for an ashtray. This deficient practice could affect staff only.</p> <p>1. The facility has a smoking policy for staff and a designated smoking area for residents.</p> <p>1. A smoking metal post ashtray has been provided for visitors or staff smoking outside kitchen exit.</p> <p>2. All residents and visitors have the potential to be affected. Maintenance Director conducted a walk through and observation of areas identified as being by the service corridors and kitchen exit. Maintenance Director, or his designee will continue to monitor</p>	10/15/2015

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K 0147 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 multiplug adapters and 6 of 6 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and up to 13 residents.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Supervisor and Administrator on 09/15/15 between 09:58 a.m. to 11:33</p>	K 0147	<p>the identified areas and results will be recorded on dailyround sheets and reported at morning 3 times a week for 6 months. Monitoring results will also be reviewed as part of facilities on-going quality improvement performance improvement monthly meeting. An in-service was conducted for floor staff and department leadership on smoking in general on the campus.</p> <p>K 147 SS=E Electrical wiring and equipment is not metas evidenced by the facility failure to ensure 2 of 2 multi-plug adapters and 6of 6 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. This deficient practice affects staffand up to 13 residents. Findings include: Based on observation with Maintenance, this deficient practice affects staff and up to 13 residents. Thefacility has a policy governing the use of extension cords used a substitutefor fixed wiring. All residents and visitors have the potential to be affected.</p> <p>1.) Facilities response to identified findings include: A 100% walk through audit of the facility by the Maintenance</p>	10/15/2015

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	<p>a.m. the following was discovered:</p> <ul style="list-style-type: none"> <li>a) an surge protector powering a refrigerator in the Social Services office.</li> <li>b) a multiplug adapter powering a television and radio in Therapy</li> <li>c) a surge protector powering an oxygen concentrator in resident room 112</li> <li>d) a surge protector powering an oxygen concentrator in resident room 202</li> <li>e) a surge protector powering a refrigerator and a multiplug powering an oxygen concentrator in resident room 305</li> <li>f) a surge protector powering a refrigerator in resident room 308</li> <li>g) a surge protector powering a refrigerator in resident room 413</li> </ul> <p>Based on interview at the time of observation, the Maintenance Supervisor and Administrator acknowledged each aforementioned condition.</p> <p>3.1-19(b)</p>		<p>Director to ensure all extension cords being used as a substitute for hard wiring are removed.</p> <ul style="list-style-type: none"> <li>1.) A surge protector powering a refrigerator in the Social Services office; the refrigerator was plugged directly in to wall outlet.</li> <li>b) A multi-plug adapter powering a television and radio in Therapy was removed.</li> <li>c.) A surge protector powering an oxygen concentrator in resident room 112 was removed and concentrator was plugged directly into wall.</li> <li>d) A surge protector powering an oxygen concentrator in resident room 202 was removed and hardwiring with additional receptacle's was added to comply with direct power supply access.</li> <li>e) A surge protector powering a refrigerator and a multi-plug powering an oxygen concentrator in resident room 305 was removed and an additional receptacle's was added to comply with direct power supply access.</li> <li>f) A surge protector powering a refrigerator in resident room 308 was removed and an additional receptacle's was added to comply with direct power supply access.</li> <li>g) A surge protector powering a refrigerator in resident room 413 was removed and an additional receptacle's was added to comply with direct power supply access.</li> </ul> <p>Maintenance Director or his designee will inspect new resident rooms within 72 hours of</p>	

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			admission of a new resident room to ensure extension cords are not being used. Rooms will be audited for compliance by housekeeping staff to coincide with room cleaning schedule. A record of staff audit notes on cleaning schedule will be kept by housekeeping supervisor and reviewed with maintenance Director for compliance for 6 months. An in-service of floor staff and department heads was conducted to review policy governing the use of extension cords in resident rooms.		