

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155750	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/29/2014
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NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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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: 04/29/14</p> <p>Facility Number: 000399 Provider Number: 155750 AIM Number: 100289100</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Morgantown Health Care 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 with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in areas open to the corridor. The facility has battery operated smoke detectors</p>	K010000		
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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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K010051 SS=D	<p>installed in all resident sleeping rooms. The facility has a capacity of 39 and had a census of 36 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage services which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/05/14.</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 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</p>			

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	<p>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 provide manual fire alarm boxes in the basement. LSC 9.6.2.3 requires a manual fire alarm box shall be provided in the natural exit access path near each required exit. NFPA 72, Section 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. Each installed initiating device shall be accessible for periodic maintenance and testing. This deficient practice affects two staff and visitors in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Environmental Manager and the Maintenance Director during a tour of the facility from 11:00 a.m. to 11:40 a.m. on 04/29/14, manual fire alarm boxes were not installed in the basement. Based on interview at the time of observation, the Environmental Manager acknowledged the basement was not provided with manual fire alarm boxes hard wired to the fire alarm system.</p> <p>3.1-19(b)</p>	K010051	<p>1. Facility immediately contacted the fire monitoring company and arranged to have a smoke detector and fire alarm and pull station installed in the basement.2. Any residents have the potential to be affected.3. Manual fire alarm box as well as smoke detector has been installed in the basement area, on 05/08/14 by Superior Systems.4. ES will keep documentation of all fire equipment inspections in Emergency Preparedness file. ES to report to QA on a quarterly basis for 6 months, and follow their recommendations and/or comments.5. Completed Date: 05/08/14</p>	05/29/2014

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K010062 SS=C	<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, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition and inspected and tested periodically. 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 residents, staff and visitors.</p> <p>Findings include:  Based on review of Superior Systems &amp; Supply "Sprinkler System Inspection</p>	K010062	<p>1. The facility contacted the fire monitoring company immediately. They responded and re-calibrated the gauges in the basement.2. Any residents have the potential to be affected.3. ES will have schedule of when the system needs reinspected for the 5 years. The inspection will be completed by Superior Systems and has been completed 05/08/14. The facility requested contracted monitoring company to add the re-calibrated schedule to their schedules so this should not be over looked in the future.4. ES will report to QA committee for 6 months and follow their recommendations/or comments.5. Date Completed: 05/08/14</p>	05/29/2014	

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K010069 SS=D	<p>Form" documentation with the Environmental Manager during record review from 9:30 a.m. to 11:00 a.m. on 04/29/14, facility sprinkler system gauges were not recalibrated or replaced within the most recent five year period. Based on observations with the Environmental Manager and the Maintenance Director during a tour of the facility from 11:00 a.m. to 11:40 a.m. on 04/29/14, one of two gauges at the sprinkler system riser in the basement had a manufacture date of 2008. Based on interview at the time of the observation, the Environmental Manager acknowledged one of the two sprinkler system gauges at the sprinkler system riser had exceeded the five year requirement for recalibration or replacement.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 hood extinguishing systems in the kitchen was inspected and serviced every six months. NFPA 96, the Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1999</p>	K010069	<p>1. The facility contacted the fire monitoring company immediately. The new inspection company had missed inspecting our hood due to the fact that when Allied no longer inspected this facility due to an oversight of the facility not being placed on the new company's list of inspections.</p>	05/29/2014			

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	<p>edition, Section 8-2 requires an inspection and servicing of the fire extinguishing system at least every six months. This deficient practice could affect two staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of Allied Safety Services "Fire Systems Report" documentation dated 03/19/13 and Elwood Fire &amp; Equipment Company "Kitchen Fire Suppression Report" documentation dated 02/27/14 with the Environmental Manager during record review from 9:30 a.m. to 11:00 a.m. on 04/29/14, documentation of a semiannual hood extinguishing system inspection six months prior to 02/27/14 was not available for review. Based on interview at the time of record review, the Environmental Manager acknowledged documentation of a semiannual hood extinguishing system inspection six months prior to 02/27/14 was not available for review.</p> <p>3.1-19(b)</p>		<p>The facility immediately notified the new company and arranged ofr this inspection. The inspection was completed on 02/27/14. 2. Any residents have potential to be affected. 3. ES and DM are to call Superior Systems for the scheduling of Kitchen Hood Extinguishing System in Aug. 2014 and Feb. 2015. 4. ES and DM will monitor for the Kitchen Hood Extinguishing System every six months. DM and ES will report to QA committee for 6 months and follow their recommendations/or comments. Date completed: 05/29/14.</p>				

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