

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155005	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/19/2015
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NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N MADISON AVE ANDERSON, IN 46011
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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: 02/19/15</p> <p>Facility Number: 000005 Provider Number: 155005 AIM Number: 100270840</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manorcare Health Services 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in resident rooms. The facility has a</p>	K010000	<p>The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.</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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K010052 SS=E	<p>capacity of 216 and had a census of 149 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 for two detached garages which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/25/15.</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 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 observation and interview, the facility failed to ensure 1 of 15 manual fire alarm boxes were unobstructed and readily accessible. NFPA 72, National Fire Alarm Code, 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. This deficient practice could affect 14</p>	K010052	<p><b>K 052 SS=E NFPA 101 Life Safety Code Standard</b></p> <p>It is the practice of this center to comply with K 052 NFPA 101 Life Safety Code Standard</p>	03/20/2015			

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	<p>resident on 500 hall south as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 02/19/15 at 1:00 p.m. with the Maintenance Supervisor the manual fire alarm box located at 500 hall south exit was on the other side of exit doors with magnetic locks which were only accessible by the use of a keypad override code which would disengage the magnetically locked doors thus delaying alarm notification to facility occupants. Based on interview on 02/19/15 concurrent with the observation with the Maintenance Supervisor it was acknowledged the manual fire alarm box was not accessible once inside the facility unless the keypad override code was used to first disengage the magnetically locked doors.</p> <p>3.1-19(b)</p>		<p><b><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></b></p> <p>No residents were affected, but 14 Residents plus visitors have the potential affected.</p> <p>The 1 Manual Fire Alarm box on 500 Hall South has been scheduled to be moved inside of the Exit Doors on March 11th 2015 by Koorsen Protection Service.</p> <p><b><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</u></b></p> <p>No residents were affected. All Manual Fire Alarm boxes have been audited to ensure proper placement &amp; accessibility to comply with K 052 NFPA 101 Life Safety Code Standard</p>		

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			<p>-</p> <p><b><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</u></b></p> <p>-</p> <p>The 1 Manual Fire Alarm box on 500 Hall South has been scheduled to be moved inside of the Exit Doors on March 11th 2015 by Koorsen Protection Service</p> <p>Manual Fire Alarm box will be added to the weekly routine Maintenance Log.</p> <p><b><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</u></b></p> <p>-</p> <p>Manual Fire Alarm box will be monitored weekly x 4 weeks by Maintenance Director or Designee to ensure proper placement &amp; unobstructed accessibility to maintenance compliance NFPA code.</p>		

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K010062 SS=E	<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, record review and interview; the facility failed to ensure 1 of 3 pressure gauges for the sprinkler system in the Riser room were 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</p>	K010062	<p>The results of the audit will be submitted to the QA&amp;A Committee for further review and recommendations.</p> <p><b><u>By what date the systemic changes will be completed:</u></b></p> <p>March 20th, 2015</p> <p><b>K 062 SS=E NFPA 101 Life Safety Code Standard</b></p> <p>It is the practice of this center to comply with K 062 NFPA 101 Life Safety Code Standard</p> <p><b><u>What corrective action(s) will be accomplished for those residents found to have been</u></b></p>	03/20/2015

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	<p>replaced. This deficient practice affects 110 residents in the facility as well as staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 02/19/15 at 1:38 p.m. with the Maintenance Supervisor, one sprinkler pressure gauges located in the sprinkler riser room on 100 hall south which could affect halls 100 north, south, east and west had a sprinkler vendor replacement date of 2009. Based on Sprinkler Inspection Records review on 02/19/15 at 3:15 p.m. with the Maintenance Supervisor, documentation did not reveal the sprinkler system gauge had been calibrated or replaced since the date listed on the pressure gauge. Based on interview on concurrent with the observation it was acknowledged by the Maintenance Supervisor the pressure gauge had exceeded the five year requirement for recalibration or replacement.</p> <p>3.1-19(b)</p>		<p><b><u>affected by the deficient practice:</u></b></p> <p>No residents were affected, but all have the potential affected. The Pressure Gauges have been placed on an inspection and maintenance schedule to test for proper operating condition.</p> <p>The 1 Pressure Gauge has been scheduled to be replaced of the on March 11th 2015 by Koorsen Protection Service.</p> <p><b><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</u></b></p> <p>No residents were affected. Pressure Gauges have been placed on an inspection and maintenance schedule to test for proper operating condition.</p> <p>-</p> <p><b><u>What measures will be put into</u></b></p>		

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			<p><b><u>place or what systemic changes will be made to ensure that the deficient practice does not recur:</u></b></p> <p>-</p> <p>Maintenance Staff has been educated that the Pressure Gauges for the sprinkler system have to be continually maintained in reliable operating condition and inspected and tested periodically per NFPA 25, 2-3.2</p> <p>Pressure Gauges have been placed on an inspection and maintenance schedule to test for proper operating condition.</p> <p><b><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u></b></p> <p>-</p> <p>Pressure Gauges will be monitored weekly x 4 weeks, then monthly x 5 months by Maintenance Director or Designee to ensure reliable operating condition and inspected and tested to maintain compliance NFPA code.</p>		

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			<p>The results of the audit will be submitted to the QA&amp;A Committee for further review and recommendations.</p> <p><b><u>By what date the systemic changes will be completed;</u></b></p> <p>March 20th, 2015</p>		