

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155458	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/02/2015
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NAME OF PROVIDER OR SUPPLIER HIGHLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN 46322
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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: 09/02/15</p> <p>Facility Number: 000367 Provider Number: 155458 AIM Number: 100289280</p> <p>At this Life Safety Code survey, Highland Nursing 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 II (222) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has the capacity for 38 and</p>	K 0000		
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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=D Bldg. 01	<p>had a census of 33 at the time of this survey services are sprinklered</p> <p>All areas with resident access are sprinklered. Three detached storage sheds are unsprinklered.</p> <p>Quality Review completed 09/03/2015-LB</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 replace 2 of 2 corroded sprinkler heads outside the main entrance. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect staff.</p> <p>Findings include:</p>	K 0062	<p>K062</p> <ol style="list-style-type: none"> 1. The sprinkler heads outside of the facilitybuilding would impact staff. Anyresident that is seated in that area would have the ability to be affected bythis deficiency. 2. The sprinkler heads outside of the front of thebuilding will be changed by October 1, 2015. 3. The maintenance director and/or designee willround with the sprinkler company agents and document any needs and/orcompliance with further sprinkler heads. 4. A quarterly review of all sprinkler heads willbe conducted by the maintenance director (with the assistance of the sprinklercompany officials) to ensure ongoing compliance for six months. 	10/01/2015

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K 0066 SS=D Bldg. 01	<p>Based on observation on 09/02/15 at 10:50 a.m., the Maintenance Supervisor confirmed the sprinkler heads outside the main entrance were corroded. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned condition.</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 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 1 area where smoking was permitted for staff and residents were maintained and the metal</p>	K 0066	<p>5. Audits/Reviews will be submitted to the quality assurance and performance improvement committee for review and processing. Date of Completion: October 1, 2015 Responsible Party: Maintenance Director and/or Designee</p> <p>K066 1. All residents identified as 'smokers' had smoking assessments updated and clarified.</p>	10/01/2015	

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	<p>container with a self-closing cover was used for an ashtray. This deficient practice could affect any number of residents and facility staff who smoke cigarettes.</p> <p>Findings include:</p> <p>Based on observations and interview on 09/02/15 at 10:24 a.m., the Maintenance Supervisor acknowledged there were at least 25 cigarette butts on the ground in the designated smoking area.</p> <p>3.1-19(b)</p>		<p>2. All residents received reminders of smoking privilege expectations.</p> <p>3. The staffing team was inserviced on appropriate usage of the smoking areas on September 9, 2015.</p> <p>4. All residents that utilize the smoking areas are at risk for this deficient practice.</p> <p>5. The smoking area was immediately cleaned of cigarette debris.</p> <p>6. A twice daily audit has been instituted for monitoring of the smoking areas. This audit will be conducted for six months, or until compliance has been achieved. Compliance shall be defined as 100%.</p> <p>7. Audits/Reviews will be submitted to the safety committee meeting for review and processing. Date of Completion: October 1, 2015 Responsible Party: Maintenance Director and/or Designee</p>				
K 0147 SS=D 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 1 of 1 multiplug adapter and 1 of 1 flexible cord 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</p>	K 0147	<p>K147</p> <p>1. Resident in 'room 11' has subsequently been discharged from the facility (was short term rehabilitation resident).</p> <p>2. Resident in 'room 7' has now had plugs removed and placed appropriate and per regulation.</p> <p>3. All residents are at risk for this</p>	10/01/2015			

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	<p>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 2 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 09/02/15 at 10:28 a.m. and again at 11:21 a.m., resident room 11 had an extension cord powering a cell phone charger and a multiple plug adapter was powering two televisions. Furthermore, resident room 7 had a bed and an oxygen concentrator plugged into a surge protector. Based on interview at the time of each observation, the Maintenance Supervisor acknowledged the aforementioned conditions.</p> <p>3.1-19(b)</p>		<p>deficientpractice.</p> <p>4. The staffing team has received inserviceeducation regarding this deficient practice.</p> <p>5. The maintenance director will conduct random,three times per week, audits to ensure compliance. This audit will continue forsix months, or sooner depending on consistent compliance. Compliance will be defined as 100%.</p> <p>6. All audits will be submitted to the QAPIcommittee and the safety committee meeting for review and processing.</p> <p>Date of Completion: October 1, 2015</p> <p>Responsible Party: Maintenance Director and/or Designee</p>		