

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155502	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2012
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NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF OWENSVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE HWY 165 W PO BOX 369 OWENSVILLE, IN 47665
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/07/12</p> <p>Facility Number: 000328 Provider Number: 155502 AIM Number: 100287960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Transcendent Healthcare of Owensville, LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p>	K0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective August 31, 2012 to the Life Safety Code Recertification Survey conducted on August 7, 2012	

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>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 smoke detection in the corridors and spaces open to the corridors. Resident rooms were not provided with smoke detectors. The facility has a capacity of 68 and had a census of 57 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage, however, the facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the 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 08/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the</p>			

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	<p>following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/07/12</p> <p>Facility Number: 000328 Provider Number: 155502 AIM Number: 100287960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Transcendent Healthcare of Owensville, LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The</p>						

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	<p>original building was surveyed with Chapter 19, Existing Health Care Occupancies.</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 smoke detection in the corridors and spaces open to the corridors. Resident rooms were not provided with smoke detectors. The facility has a capacity of 68 and had a census of 57 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage, however, the facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the 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 08/13/12.</p>			

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	<p>from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</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 smoke detection in the corridors and spaces open to the corridors. Resident rooms were not provided with smoke detectors. The facility has a capacity of 68 and had a census of 57 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage, however, the facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>			

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	<p>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 08/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 kitchen service metal rolling doors were held open only by devices arranged to automatically close the doors upon activation of the fire alarm system. This deficient practice could affect any of the 57 residents as well as staff and visitors while in the dining room.</p> <p>Findings include:</p> <p>Based on observation on 08/07/12 at 12:10 p.m. during a tour of the facility with the Maintenance Supervisor, the two metal rolling service doors between the kitchen and dining</p>	K0021	<p><b>K021 It is the practice of Transcendent Healthcare of Owensville to assure that the regulations related to the fire code are in compliance. The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The two metal</p>	08/31/2012

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	<p>room were held open with chains which would not allow the doors to close automatically when the fire alarm system is actuated. Based on interview at the time of observation, the Maintenance Supervisor said the roller door in the food preparation area had a fusible link attached to the chain and the roller door in the dishwasher room had to be cranked closed with a tool.</p> <p>3.1-19(b)</p>		<p>rolling doors in the dietary windows have been repaired so that there are no chains present and they are able to have automatic closure when the fire alarm system is activated. The review of the proper functioning of these doors has been added to the preventive maintenance checklist so that it is reviewed on a routine basis. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The proper operation of the rolling metal doors at the dietary in correlation with the fire alarm system will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The Maintenance Director, or designee, will be responsible for assuring that doors function properly. Any identified issues will be immediately addressed. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance. <b>The date the systemic changes will be completed:</b> August 31, 2012</p>	

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K0048 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguishers in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect any of the 57 residents while in the dining room and staff while in the kitchen in the event of an emergency.</p>	K0048	<p><b>K048</b> <b>It is the practice of Transcendent Healthcare of Owensville to assure that the written fire plan is inclusive of all required areas.</b> <b>The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The written fire plan has been amended to include information related to the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. The dietary staff has been in-serviced related to the fire plan and activation of the overhead hood extinguishing system prior to the use of the K-Class fire extinguisher. <b>The corrective action taken to</b></p>	08/31/2012

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	<p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguishers in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition,</p>		<p><b>monitor performance to assure compliance through quality assurance is:</b></p> <p>The Maintenance Director, or designee, will be responsible for assuring that the fire plan remains current and that dietary staff are trained related to any updates in the fire plan. Any identified issues will be immediately corrected. The Administrator, or designee, will review the fire plan as part of the QA process with any additional recommendations as needed.</p> <p><b>The date the systemic changes will be completed:</b></p> <p>August 31, 2012</p>				

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	<p>Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect any of the 57 residents while in the dining room and staff while in the kitchen in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record</p>			
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	<p>review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguishers in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and</li> </ol>			

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	<p>building for evacuation (8) Extinguishment of fire This deficient practice could affect any of the 57 residents while in the dining room and staff while in the kitchen in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to</p>			

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	<p>provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguishers in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect any of the 57 residents while in the dining room and staff while in the kitchen in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the</p>			

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	<p>Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p>			

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K0050 SS=C	<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>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of 2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills were not varied.</p>	K0050	<p><b>K050 It is the practice of Transcendent Healthcare of Owensville to assure that fire drills are conducted at least quarterly on each shift at varying times. The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> A fire drill is conducted for each shift each quarter. The fire drills are scheduled per the preventive maintenance schedule to be held</p>	08/31/2012	

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	<p>3-1.19(b)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p>		<p>each shift quarterly. The maintenance Director has been in- serviced related to the following of the preventive maintenance plan including varying the times of the fire drills on each shift. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The fire drills will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The review will include reviewing for each shift quarterly as well as time within each shift variations. The Maintenance Director, or designee, will be responsible for assuring that the fire drills are completed in accordance with the schedule. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance. <b>The date the systemic changes will be completed:</b> August 31, 2012</p>		

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	<p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of 2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills were not varied.</p> <p>3-1.19(b)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of</p>			

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	<p>2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills were not varied.</p> <p>3-1.19(b)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of 2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills</p>			

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	were not varied.  3-1.19(b)			

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K0051 SS=F	<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 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 install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p>	K0051	<p><b>K051</b> It is the practice of Transcendent Healthcare of Owensville to assure that trouble signals are triggered in an area that can be overheard by staff. <i>The correction action taken for those residents found to be affected by the deficient practice include:</i> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <i>Other residents that have the potential to be affected have been identified by:</i> Potentially all residents could be effected. Please refer to systems implemented to assure compliance</p>	08/31/2012			

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	<p>Based on observations on 08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The generator room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p>		<p>with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The trouble shooting alarm has been addressed so that now if the phone system were to fail, the alarm sounds in an area where it can be heard by staff. All staff has been in-serviced related to the sounding of the trouble alarm and its indications. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The newly installed trouble alarm indicating phone failure will be monitored as part of the preventive maintenance plan. The Maintenance Director, or designee, will be responsible for assuring that the installed trouble alarm related to phone failure is routinely checked and operational. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance. <b>The date the systemic changes will be completed:</b> August 31, 2012</p>		

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	<p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not</p>			

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	<p>activate a trouble signal at either of the two nurses' stations. The generator room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p>			

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	<p>Findings include:</p> <p>Based on observations on 08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The generator room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p>			

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	<p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local</p>			

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	<p>trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The generator room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p>			

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K0064 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This</p>	K0064	<p><b>K064</b></p> <p><b>It is the practice of Transcendent Healthcare of Owensville to assure that all fire extinguishers are marked appropriately with placards placed conspicuously.</b></p> <p><b>The correction action taken for those residents found to be affected by the deficient practice include:</b></p> <p>There are no specific residents identified. Please see under systems implemented to assure compliance with this tag.</p> <p><b>Other residents that have the potential to be affected have been identified by:</b></p> <p>Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag.</p> <p><b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p>The Class K portable fire extinguisher in the kitchen now has a placard that is conspicuously placed for the dietary personnel. Dietary Staff has been in-serviced related to the information on the signage. The Maintenance Director is responsible for assuring that the placard remains in place in accordance with the regulation.</p> <p><b>The corrective action taken to</b></p>	08/31/2012

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NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF OWENSVILLE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE HWY 165 W PO BOX 369 OWENSVILLE, IN 47665			
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	<p>deficient practice could affect mostly staff while working in the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 08/07/12 at 11:45 a.m. during a tour of the facility with the Maintenance Supervisor, there was a Class K portable fire extinguisher in the kitchen which lacked a placard. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the Class K portable fire extinguisher lacked a placard.</p> <p>3.1-19(b)</p>		<p><b>monitor performance to assure compliance through quality assurance is:</b></p> <p>The placard will be monitored as part of the preventive maintenance program. The Maintenance Director, or designee, will be responsible for assuring that placard is in place on a routine basis. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance.</p> <p><b>The date the systemic changes will be completed:</b></p> <p>August 31, 2012</p>				

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on record review, observation, and interview; the facility failed to install smoke detectors in each resident's room before July 1, 2012. This deficient</p>	K9999	<p><b>F9999 It is the practice of Transcendent Healthcare of Owensville to assure that all smoke detectors are present in accordance with the regulations <i>The correction action taken for those residents found to be affected by the deficient practice include:</i></b> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <b><i>Other residents that have the potential to be affected have been identified by:</i></b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b><i>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</i></b> All resident rooms have been assessed. Any resident room found not to have a smoke detector has had one installed in accordance with the regulation. The smoke detectors will be maintained in accordance with the manufacturers' guidelines and will be monitored for functioning as part of the preventive maintenance plan on a routine basis. <b><i>The corrective action taken to monitor performance to assure compliance through quality</i></b></p>	08/31/2012			

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	<p>practice could affect all 62 residents in the facility.</p> <p>Findings include:</p> <p>Based on review of quarterly fire alarm system inspection reports in the Fire Drills and Inspections book on 08/07/12 at 11:00 a.m., resident rooms were not provided with smoke detectors. Based on observations with the Maintenance Supervisor between 11:15 a.m. to 12:45 p.m., the resident rooms were not provided with smoke detectors. Based on interview during the time of observations, the Maintenance Supervisor acknowledged the resident rooms were not provided with smoke detectors.</p> <p>3.1-19(ff)</p>		<p><b>assurance is:</b> The newly installed smoke detectors in residents' rooms will be monitored as part of the preventive maintenance plan. The Maintenance Director, or designee, will be responsible for assuring the smoke detectors are routinely checked and operational. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance. <b>The date the systemic changes will be completed:</b> August 31, 2012</p>		

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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/07/12</p> <p>Facility Number: 000328 Provider Number: 155502 AIM Number: 100287960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code and Quality Assurance Walk-thru survey, Transcendent Healthcare of Owensville, LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The 2011 Physical Therapy addition was surveyed with Chapter 18, New Health Care Occupancies.</p>	K0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective August 31, 2012 to the Life Safety Code Recertification Survey conducted on August 7, 2012				

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	<p>This 2011 addition to the 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 corridor and Physical Therapy area. The facility has a capacity of 68 and had a census of 57 at the time of this survey.</p> <p>The facility was found in compliance with the state law in regard to sprinkler coverage, however, it was not in compliance with state law in regard to to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality</p>			

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	<p>Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/07/12</p> <p>Facility Number: 000328 Provider Number: 155502 AIM Number: 100287960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code and Quality Assurance Walk-thru survey, Transcendent Healthcare of Owensville, LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The 2011 Physical Therapy addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2011 addition to the one story facility was determined to be of Type V (111) construction and</p>			

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	<p>was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and Physical Therapy area. The facility has a capacity of 68 and had a census of 57 at the time of this survey.</p> <p>The facility was found in compliance with the state law in regard to sprinkler coverage, however, it was not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p>			

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	<p>Survey Date: 08/07/12</p> <p>Facility Number: 000328 Provider Number: 155502 AIM Number: 100287960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code and Quality Assurance Walk-thru survey, Transcendent Healthcare of Owensville, LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The 2011 Physical Therapy addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2011 addition to the 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 corridor and Physical Therapy area. The</p>			

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	<p>facility has a capacity of 68 and had a census of 57 at the time of this survey.</p> <p>The facility was found in compliance with the state law in regard to sprinkler coverage, however, it was not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/07/12</p> <p>Facility Number: 000328</p>			

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	<p>Provider Number: 155502 AIM Number: 100287960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code and Quality Assurance Walk-thru survey, Transcendent Healthcare of Owensville, LLC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The 2011 Physical Therapy addition was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2011 addition to the 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 corridor and Physical Therapy area. The facility has a capacity of 68 and had a census of 57 at the time of this survey.</p>			

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	<p>The facility was found in compliance with the state law in regard to sprinkler coverage, however, it was not in compliance with state law in regard to to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0048 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 18.7.1.1 Based on record review and interview, the facility failed to provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguisher in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section 18.7.2.2. LSC 18.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect any of the 57 residents while in the dining room and any staff person while in the kitchen in the event of an emergency.</p>	K0048	<p><b>K048</b> <b>It is the practice of Transcendent Healthcare of Owensville to assure that the written fire plan is inclusive of all required areas.</b> <b>The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The written fire plan has been amended to include information related to the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. The dietary staff has been in-serviced related to the fire plan and activation of the overhead hood extinguishing system prior to the use of the K-Class fire extinguisher. <b>The corrective action taken to</b></p>	08/31/2012

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	<p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguisher in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section</p>		<p><b>monitor performance to assure compliance through quality assurance is:</b></p> <p>The Maintenance Director, or designee, will be responsible for assuring that the fire plan remains current and that dietary staff are trained related to any updates in the fire plan. Any identified issues will be immediately corrected. The Administrator, or designee, will review the fire plan as part of the QA process with any additional recommendations as needed.</p> <p><b>The date the systemic changes will be completed:</b></p> <p>August 31, 2012</p>				

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	<p>18.7.2.2. LSC 18.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect any of the 57 residents while in the dining room and any staff person while in the kitchen in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record</p>			

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NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF OWENSVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE HWY 165 W PO BOX 369 OWENSVILLE, IN 47665
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguisher in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section 18.7.2.2. LSC 18.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and</li> </ol>			

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	<p>building for evacuation (8) Extinguishment of fire This deficient practice could affect any of the 57 residents while in the dining room and any staff person while in the kitchen in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p> <p>Based on record review and interview, the facility failed to</p>			

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	<p>provide a complete written fire safety plan which included the use of 1 of 1 K-class fire extinguisher in the kitchen in the event of an emergency. The plan should address all items required by NFPA 101, 2000 edition, Section 18.7.2.2. LSC 18.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ol> <p>This deficient practice could affect any of the 57 residents while in the dining room and any staff person while in the kitchen in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's Fire Policy and Procedure on 08/07/12 at 10:30 a.m. with the</p>			

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	<p>Maintenance Supervisor present, the Fire plan did not address the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written Fire plan did not mention the kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using the K-class fire extinguisher.</p> <p>3.1-19(b)</p>			

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K0050 SS=C	<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. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of 2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills were not varied.</p>	K0050	<p><b>K050 It is the practice of Transcendent Healthcare of Owensville to assure that fire drills are conducted at least quarterly on each shift at varying times. The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> A fire drill is conducted for each shift each quarter. The fire drills are scheduled per the preventive maintenance schedule to be held</p>	08/31/2012	

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	<p>3-1.19(b)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p>		<p>each shift quarterly. The maintenance Director has been in- serviced related to the following of the preventive maintenance plan including varying the times of the fire drills on each shift. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> The fire drills will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The review will include reviewing for each shift quarterly as well as time within each shift variations. The Maintenance Director, or designee, will be responsible for assuring that the fire drills are completed in accordance with the schedule. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance. <b>The date the systemic changes will be completed:</b> August 31, 2012</p>		

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	<p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of 2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills were not varied.</p> <p>3-1.19(b)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of</p>			

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	<p>2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills were not varied.</p> <p>3-1.19(b)</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills and Inspections book on 08/07/12 at 9:30 a.m. with the Maintenance Supervisor present, all four second shift (evening) fire drills conducted since August of 2011 were performed between 2:21 p.m. and 3:54 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times of the second shift fire drills</p>						

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	were not varied.  3-1.19(b)			

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, 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 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, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p>	K0051	<p><b>K051</b> It is the practice of Transcendent Healthcare of Owensville to assure that trouble signals are triggered in an area that can be overheard by staff. <i>The correction action taken for those residents found to be affected by the deficient practice include:</i> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <i>Other residents that have the potential to be affected have been identified by:</i> Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. <i>The measures or systematic</i></p>	08/31/2012			

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	<p>Based on observations on 08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The generator room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p> <p>Based on observation and</p>		<p><b>changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p>The trouble shooting alarm has been addressed so that now if the phone system were to fail, the alarm sounds in an area where it can be heard by staff. All staff has been in-serviced related to the sounding of the trouble alarm and its indications.</p> <p><b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b></p> <p>The newly installed trouble alarm indicating phone failure will be monitored as part of the preventive maintenance plan. The Maintenance Director, or designee, will be responsible for assuring that the installed trouble alarm related to phone failure is routinely checked and operational. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance.</p> <p><b>The date the systemic changes will be completed:</b></p> <p>August 31, 2012</p>		

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	<p>interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The</p>			

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	<p>generator room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on</p>			

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	<p>08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The generator room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to</p>			

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	<p>install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/07/12 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with Maintenance Supervisor, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the generator room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:15 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at either of the two nurses' stations. The generator room was located in an</p>			

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	<p>area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 12:15 p.m., the Maintenance Supervisor acknowledged the phone line failure did not send a trouble signal to either of the two nurses' stations.</p> <p>3.1-19(b)</p>			