

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 01/16/2013
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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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
K0000	<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: 01/16/13</p> <p>Facility Number: 000056 Provider Number: 155131 AIM Number: 100289450</p> <p>Surveyor s: Joe L. Brown, Jr., Life Safety Code Specialist & Robert Sutton, Life Safety Code Specialists Trainee.</p> <p>At this Life Safety Code survey, Munster Med-Inn 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This six story facility with a basement was determined to be of Type I (332) 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 operated</p>	K0000		

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>smoke detectors in all resident rooms.</p> <p>The facility has a capacity of 225 and had a census of 190 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.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/25/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on observation and interview, the facility failed to document monthly function tests and an annual test for 2 of 2 battery operated lights. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect residents, staff and visitors on the first and second floors in the facility if they were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on record review and interview with the Administrator from 8:00 a.m. to 10:00 a.m. on 01/16/13, the facility has two battery operated lights, one on the first floor and one on the second floor, and there was no written record of monthly function tests or an annual 90</p>	K0046	<p>K-046 Submission of this Plan of Correction is not a legal admission that a deficiency exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be construed as an admission of any deficiency against the facility, the Administrator, or any employees who draft or may be discussed in this response and Plan of Correction. In direct response to the five questions listed on page one of this letter to the facility dated January 29, 2013, the facility offers the following: What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? As it relates to the observation of the referenced battery powered emergency lighting present in the corridors on first and second floors and lack of documentation for monthly function and annual testing, the facility will remove the cited battery powered lighting. The facility is equipped with emergency generator powered lighting in both of these areas of the building. How other residents having the potential to be affected by the</p>	02/15/2013			

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	minute test for the battery operated emergency lights available for review. 3.1-19(b)		deficient practice will be identified and what corrective actions will be taken? Rounds were made throughout the facility for the purpose of identifying other areas that were equipped with battery powered lighting. No like circumstances were observed. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? All facility Maintenance Staff will be in-serviced on the requirement that is set forth in NFPA 7.9.18.2.9.1 related to the testing and documentation of battery powered emergency lighting should there be a need to install battery powered emergency lighting in the future. How the corrective actions will be monitored to ensure the deficient practice will not recur i.e, what quality assurance program will be put into place? The facility is confident that removal of the existing battery powered lighting and education of the Maintenance Department on the aforementioned requirement will ensure the deficient practice will not recur. By what date will the systematic changes be completed? February 15, 2013		