

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2014
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NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631
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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
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: 10/07/14</p> <p>Facility Number: 000555 Provider Number: 155370 AIM Number: 100267530</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, New Harmonie Healthcare Center was found in substantial 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 hard wired smoke detectors in the corridors, spaces open to the corridors, plus battery operated</p>	K010000		

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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K010038 SS=C	<p>smoke detectors in all resident sleeping rooms. The facility has a capacity of 96 and had a census of 73 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 a detached garage used for a maintenance shop and maintenance and facility storage, plus two detached wood framed sheds used for the water softener salt and activities supplies.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/10/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure exit egress for 3 of 6 exits was arranged to minimize tripping hazards in accordance with LSC Section 7.1. LSC Section 7.1 requires that means of egress for existing</p>	K010038	Please accept this plan or correction as our allegation of compliance. Also, please note due to low scope and severity we are requesting a desk review. All areas of egress have been assessed with no others found. All	11/06/2014

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	<p>buildings shall comply with Chapter 7. LSC Section 7.1.6 requires that walking surfaces in the means of egress shall comply with 7.1.6.2 through 7.1.6.4. LSC Section 7.1.6.2 requires abrupt changes in elevation shall not exceed 1/4 inch. LSC Section 7.1.6.3 requires walking surfaces to be nominally level. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 10/07/14 between 12:00 p.m. and 2:00 p.m. during a tour of the facility with the Director of Environmental Services, the following was noted:</p> <ol style="list-style-type: none"> The side walk outside the employee/service hall entrance had a twenty foot section of the side walk that was unlevel and slightly tilted which created a one inch grade change at each end of the twenty foot section. The side walk outside the main dining room had a one inch grade change where the exit stoop and the side walk met. The side walk outside the northeast exit had a one inch grade change where the exit stoop and the side walk met. <p>Based on interview at the time of each observation, the Director of Environmental Services acknowledged</p>		<p>areas of egress will be visually inspected quarterly to ensure they are code compliant. Please find attached our corporate approved capital expenditure reflecting the authorization to accept the attached bid for work. All deficient egress areas will have concrete removed and replaced to be compliant. Work will begin on or around November 30, 2014. All areas of egress will be visually inspected quarterly with any negative finding being brought to the quarterly Quality Improvement Committee for recommendations or followup.</p>	

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K010062 SS=B	<p>the one inch grade changes on the side walks outside the employee/service hall exit, main dining room exit, and the northeast exit could be a tripping hazard.</p> <p>3.1-19(b)</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 ensure 1 of over 400 sprinkler heads in the facility were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect kitchen staff, plus up to 50 residents, as well as staff and visitors while in the main dining room which was in the same smoke compartment as the Dry Food Pantry.</p> <p>Findings include:</p> <p>Based on observation on 10/07/14 at 12:20 p.m. during a tour of the facility</p>	K010062	All sprinkler heads have been visually inspected with no others found to be out of compliance. All sprinkler heads will be visually inspected on a monthly basis to ensure compliance. New sprinkler head has been ordered and will be installed by 11-6-14 to replace deficient finding. All sprinkler heads will be visually inspected monthly with finding brought to the Quality Improvement Committee for review and recommendations as needed.	11/06/2014

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	with the Director of Environmental Services, the sprinkler head in the Dry Food Pantry was covered with green corrosion. This was acknowledged by the Director of Environmental services at the time of observation. 3.1-19(b)						