

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155477	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2012
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NAME OF PROVIDER OR SUPPLIER LANE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 LANE AVE CRAWFORDSVILLE, IN 47933
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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: 05/30/12</p> <p>Facility Number: 000462 Provider Number: 155477 AIM Number: 100275380</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Lane House 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 with a basement was determined to be of Type II (111) construction and was</p>	K0000	<p>This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers.</p> <p>This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied.</p> <p>The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly.</p> <p>Please accept this plan as our credible allegation of compliance. We ask for paper compliance for these corrected citations.</p>	

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>fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident rooms and spaces open to the corridors. The facility has a capacity for 58 and had a census of 46 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/06/12.</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by:</p>				

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K0038 SS=D	<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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 kitchen exit doors was provided with door knobs readily operated under all lighting conditions. LSC 7.2.1.5.4. requires where a latch or other similar device is provided, the method of operation of its releasing device must be obvious, even in the dark. The intention of this requirement is the method of release be one which is familiar to the average person. For example, a two step release, such as a knob and independent dead-bolt, is not acceptable. In most occupancies, it is important that a single action unlatch the door. This deficient practice could affect visitors and 2 kitchen staff.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 05/30/12 at 1:05 p.m., the back exit door from the kitchen supply area had a door knob and</p>	K0038	<p><u>I. Corrective Action</u></p> <p>The deadbolt was removed from the kitchen door in question on June 1, 2012. <u>II. Identification of Others Potentially Affected.</u> The facility exit doors were inspected by the Maintenance Director on 6-14-12. No other doors were found to have a secondary latching device. <u>III. Measures &/Or Systemic Changes to Prevent Reoccurrence.</u> Installation of any new or replacement doors will be inspected by the Maintenance Director or designee to determine that only one latching system will be in place prior to installation. <u>IV. Quality Assurance.</u> Maintenance director or designee will inspect facility exit doors on a monthly basis. Any door found to have more than one latching device will be immediately corrected. <u>V. COMPLETION DATE</u> June 15, 2012</p>	06/15/2012

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	<p>independent dead bolt to operate to open the door for evacuation. At the time of observation, the maintenance director acknowledged the two step arrangement was required to open the door.</p> <p>3.1-19(b)</p>			

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K0062 SS=C	<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 sprinkler piping for 1 of 1 automatic sprinkler systems was maintained free of external loads. NFPA 25, 2-2.2 requires sprinkler piping shall be not be subjected to external loads by materials either resting on the pipe or hung from the pipe. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 05/30/12 at 12:15 p.m., a sprinkler pipe in the basement maintenance area lavatory had an extension cord entwined around it. At the time of observation, the maintenance director acknowledged the sprinkler pipe was used to hang the cord and the sprinkler pipes were not for this purpose.</p>	K0062	<p>I. <u>CORRECTIVE ACTION</u></p> <p>The extension cord was removed from the sprinkler piping on 5-31-12.</p> <p>II. <u>IDENTIFICATION OF OTHER AFFECTED AREAS</u></p> <p>— The maintenance director performed a check of facility sprinkler pipes on 6-14-12 to determine if the pipes had any material hanging or resting on the pipes. Any materials found were removed from pipes.</p> <p>III. <u>MEASURES &/OR SYSTEMIC CHANGES TO PREVENT REOCCURRENCE</u></p> <p>— The facility contracted with an electrician and had an additional outlet installed to provide direct access without the use of an extension cord. The work was completed on 5-31-12. Any work performed by outside contractors will be reviewed by the director of maintenance or designee at time of completion to ensure that no materials are left hanging from or resting on sprinkler pipes.</p> <p>IV. <u>QUALITY ASSURANCE</u></p> <p>— The maintenance director or his</p>	06/15/2012

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	3.1-19(b)		designee will perform a monthly check of the facility sprinkler pipes to monitor for materials hanging or resting on the pipes. Items found will be removed during the check if found. V. <u>COMPLETION DATE</u> - June 15, 2012		

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K0147 SS=A	<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 flexible cords were not used as a substitute for fixed wiring. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 or more staff and visitors in the basement maintenance services area where no residents have access.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 05/30/12 at 12:15 p.m., an extension cord was used to supply power to the facility water softener located in the basement. The maintenance director said at the time of observation, he did not realize the extension cord was in use for this purpose.</p>	K0147	<p>I. CORRECTIVE ACTION The extension cord was removed from the sprinkler piping on 5-31-12. II. IDENTIFICATION OF OTHER AFFECTED AREAS _The maintenance director completed a walk-through of the facility on 6-14-12 to check for extension cord use. No other extension cords were found to be in use at that time. III. MEASURES &/OR SYSTEMIC CHANGES TO PREVENT REOCCURRENCE _The facility contracted with an electrician and had an additional outlet installed to provide direct access without the use of an extension cord. The work was completed on 5-31-12. IV. QUALITY ASSURANCE _The maintenance director or his designee will perform a monthly check of the facility for extension cord use. Extension cords will be removed during the check if found. V. COMPLETION DATE _June 15, 2012</p>	06/15/2012			

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