

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155670	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2014
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF NEWBURGH	STREET ADDRESS, CITY, STATE, ZIP CODE 5233 ROSEBUD LN NEWBURGH, IN 47630
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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: 12/09/14</p> <p>Facility Number: 011049 Provider Number: 155670 AIM Number: 200258520</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Signature Healthcare of Newburgh was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type 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, and all resident sleeping</p>	K010000	<p>This Plan of Correction is submitted under the State and Federal Regulations and Statues applicable to long-term care providers. This Plan of Correction does not constitute an admision on part of the facility. We request this Plan of Correction serve as our credible allegation of compliance. In addition, we are asking for desk review, paper compliance consideration for this survey. I have included copies/exhibits of the supporting documentation. Should you have any questions, please feel free to contact me at (812) 473-4761. Sincerely, Fairley (Lee) R. Taylor Jr. HFA Administrator</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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K010050 SS=C	<p>rooms. The facility has a capacity of 104 and had a census of 97 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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 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</p>	K010050	It is the practice of this facility to conduct fire drills at unexpected times, under varying conditions, at least quarterly on each shift. I. No immediate corrective action could be taken. II. All residents	12/22/2014

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K010052 SS=F	<p>residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Life Safety Reports book on 12/09/14 at 11:15 a.m. with the Plant Operations Director present, four of five third shift (night) fire drills were performed between 10:15 p.m. and 11:30 p.m. During an interview at the time of record review, the Plant Operations Director acknowledged the times the third shift fire drills were performed and agreed the times were not varied enough.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure the documentation for the sensitivity testing of 131 of 131 smoke detectors was complete. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices</p>	K010052	<p>have the potential to be affected. No immediate corrective action could be taken. III. Fire drills will be placed on a monthly calendar to track times of each months drills to insure they are conducted at varying times, at least 2 hours apart for each shift (Exhibit A). IV. Calendar and fire drills will be reviewed in monthly Safety Meeting and monthly QAPI meeting by Administrator and Plant Operations Director x 6 months. If after 6 months, 100% compliance is maintained, Safety/QAPI Committee will determine if furthering monitoring is required.</p> <p>It is the practice of this facility to insure a fire alarm system required for life safety is installed, tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with</p>	12/22/2014

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	<p>such as smoke detectors be tested annually. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's sensitivity testing report in the Life Safety Reports book on 12/09/14 at 10:15 a.m. with the Plant Operations Director present, the most recent bi-annual sensitivity testing report dated 02/14/14 did not include the alarm point to verify the test of each smoke detector fell within the sensitivity range for all smoke detectors, however, all smoke detectors were marked as having passed the sensitivity tests. During an interview at the time of record review, the Plant Operations Director acknowledged there was no alarm point listed for all smoke detectors on the 02/14/14 report.</p> <p>3-1.19(b)</p>		<p>applicable requirements of NFPA 70 and 72. I. The service vendor responsible for testing the fire alarm system, FESCO was contacted and the appropriate paperwork obtained showing the Drift Compensation and sensitivity testing ranges on 12/11/14. FESCO provided documentation to show their calculations and then adjusted their documentation to include the range under flow meter reading section of their testing documentation as required by the NFPA guidelines. II. All residents have the potential to be affected. The service vendor responsible for testing the fire alarm system, FESCO was contacted and the appropriate paperwork obtained showing the Drift Compensation and sensitivity testing ranges on 12/11/14. FESCO provided documentation to show their calculations and then adjusted their documentation to include the range under flow meter reading section of their testing documentation as required by the NFPA guidelines. (Exhibit B). III. FESCO has agreed to make changes to how they document their testing to meet the NFPA guidelines moving forward, to include both sets of reading results. The facility now has the amended paperwork on site. IV. The paperwork will be reviewed by the Plant Operations Director for compliance as required testing is completed for the bi-annual</p>				

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			testing, with any concerns being taken to the Administrator and Signature Healthcare Regional Director of Plant Operations for immediate correction as needed. Inspections will be reviewed monthly in Safety and QAPI Committee Meetings x 6 months. After 6 months, if 100% compliance is maintained, Safety/QAPI Committee will determine if furthering monitoring is required.		