

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155352	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2011
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NAME OF PROVIDER OR SUPPLIER ELKHART REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 MOREHOUSE AVE ELKHART, IN46517
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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: 12/08/11</p> <p>Facility Number: 000243 Provider Number: 155352 AIM Number: 100289830</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Elkhart Rehabilitation Center 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>	K0000	The preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law. We respectfully request this Plan of Correction serve as our allegation of compliance.	

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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K0048 SS=F	<p>This 1961, one story facility was determined to be of Type IV (2HH) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 65 and had a census of 64 at the time of this survey.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 12/12/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>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</p> <p>Based on record review and interview, the facility failed to provide a written fire plan which includes the procedures for the use of all fire extinguishers for the protection 64 of 64 residents in the</p>	K0048	The fire extinguisher policy has been updated to include the instructions for when to use the K extinguisher in the kitchen. The update reflects the direction of Warning, in case of appliance fire, use this extinguisher only after fixed suppression system has been actuated.All dietary and	12/23/2011	

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	<p>event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan which shall provide policy and procedures for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect all occupants, visitors and staff in the facility in the event of an emergency when the written fire plan should be immediately available.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor and facility administrator on 12/08/11 at 2:25 p.m., the written fire plan was</p>		<p>supervisory staff members will be educated on the policy revision by 12/23/11. The revised policy will be reviewed with all new employees and annually during our Fire and Disaster education.</p>		

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K0064 SS=E	<p>found within the Emergency Procedure manual and the maintenance supervisor stated it was last reviewed 03/11. This Plan was the corporate policy which requires information specific to the facility. The manual did not address the procedures for all of the fire extinguishers and the relationship of the Class K extinguisher with the hood suppression system. The maintenance supervisor stated he was unaware of the requirement of the fire plan, extinguisher policy and procedure.</p> <p>3.1-19(b) Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the kitchen was readily identified as a secondary backup to the automatic fire suppression system. NFPA 10, 1998 Edition, 2-3.2.1 requires fire extinguishers to include a</p>	K0064	A sign has been posted above the K extinguisher in the kitchen, that reads in english and spanish !Warning, In case of appliance fire, use this extinguisher only after fixed supprssion system has been actuated.All dietary and supervisory will be educated on the sign location by 12/23/11.All staff will be educated on the signage during new employee orientation and annually during the fire and disaster	12/23/2011			

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	<p>conspicuously placed placard which states the automatic fire protection system is to be activated before using the fire extinguisher. This deficient practice affects all staff in and near the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor and facility administrator on 12/08/11 at 3:10 p.m., no placard was placed near the Class K extinguisher in the kitchen. The administrator stated she was not aware of the requirement.</p> <p>3.1-19(b)</p>		<p>education. The Nutrition Services Manager will monitor placement during sanitation rounds and the Maintenance Director will observe placement during monthly fire extinguisher inspections.</p>		