

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155664	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/22/2016
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB- EAGLE CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 4102 SHORE DR INDIANAPOLIS, IN 46254
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K 0000 Bldg. 01	<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: 04/22/16</p> <p>Facility Number: 010666 Provider Number: 155664 AIM Number: 200229930</p> <p>At this Life Safety Code survey, Kindred Transitional Care and Rehab-Eagle Creek 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 smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms.</p>	K 0000	The submission of this plan of correction does not indicate an admission by Kindred Transitional Care and Rehabilitation Eagle Creek that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of this facility. This facility recognizes it's obligation to provide legally and medically necessary care and service to its residents in a economic and safe manner. The facility herby maintains it is in substantial compliance with the requirements of participation for residential health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. The facility respectfully request from the Department a desk review for paper compliance.	
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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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K 0046 SS=C Bldg. 01	<p>The facility has a capacity of 120 and had a census of 86 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.</p> <p>Quality Review completed on 04/25/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1.</p> <p>Based on record review, observation and interview; the facility failed to document monthly functional testing of emergency lighting in accordance with LSC 7.9 for all battery powered lights. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals for not less than 30 seconds. 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 all residents, staff and visitors.</p> <p>Findings include:</p>	K 0046	<p>There were no residents affected or having the potential to be. The Direct Supply TELS Logbook Emergency Battery Light 30 Second functional test monthly log was set up and itemized to include the 2 battery powered lights itemized by locations : Transfer Room and Outside by Generator. The DOM was in serviced on the requirements of the log. The itemized log/documentation will be reviewed by the ED/Designee for the completion as required with results forwarded to QA committee monthly for review.</p>	05/09/2016			

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	<p>Based on review of "Direct Supply TELS: Logbook Documentation: Emergency Lighting Conduct a 30 Second Functional Test Monthly" and "Preventive Maintenance Task Sheet: Emergency Battery Light Test" documentation with the Maintenance Director during record review from 9:15 a.m. to 11:50 a.m. on 04/22/16, documentation of an itemized listing of monthly functional testing for not less than 30 seconds for each battery powered emergency light in the facility for October 2015 through March 2016 was not available for review. Based on interview at the time of record review, the Maintenance Director stated there are two battery operated emergency lights in the facility and acknowledged an itemized listing of the location and results of monthly functional testing for not less than 30 seconds for October 2015 through March 2016 was not available for review. Based on observations with the Maintenance Director during a tour of the facility from 11:50 a.m. to 1:20 p.m. on 04/22/16, a total of two battery powered emergency lights were observed installed in the facility and each light operated when its respective test button was pushed.</p> <p>3.1-19(b)</p>			

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K 0050 SS=F Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p> <p>Based on record review and interview, the facility failed to document fire drills conducted on the on the third shift for 1 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire/Disaster Drill Report" documentation with the Maintenance Director during record review from 9:15 a.m. to 11:50 a.m. on 04/22/16, documentation of a fire drill conducted on the third shift in the second quarter (April, May, June) 2015 was not available for review. Based on interview at the time of record review, the Maintenance Director acknowledged</p>	K 0050	<p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: fire drills will be held at unexpected times under varying conditions per LCS K050. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents residing in the facility have the potential to be affected. Measures put in place and systematic changes made to ensure the alleged deficient practice does not recur: ED or designee and DOM will review the requirements of LSC K050 regulation regarding fire drills on 5/7/2016 How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</p>	05/09/2016

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	documentation of a fire drill conducted on the third shift in the second quarter 2015 was not available for review. 3.1-19(b) 3.1-51(c)		ED or designee will monitor monthly the shift, time, date of the monthly facility drill and forward findings at the QA meeting for 12 months to ensure facility drills are meeting the requirements of LSC K050.		