

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155691	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/13/2012
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NAME OF PROVIDER OR SUPPLIER  MORRISTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/13/12</p> <p>Facility Number: 000422 Provider Number: 155691 AIM Number: 100291030</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Morristown Manor 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) and 410 IAC 16.2. The original building consisting of everything except the 600, 700 and 800 halls was surveyed with Chapter 19 Existing Health Care Occupancies.</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</p>	K0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific finding or allegation. We reserve the right to contest any finding or allegation as part of any proceeding and submit these responses pursuant to our regulatory obligations.</p> <p>The facility desires to have this plan of correction be considered the facility's allegation of compliance effective 11/01/2012</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>corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 119 and had a census of 99 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has three detached sheds for facility storage which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/22/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Main fire alarm control panels located in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect 99 residents as well as staff, and visitors.</p>	K0051	The facility contractor (Safecare) arranged to replace one of the two heat detectors with a smoke detector in the mechanical room. This was completed on 8/17/2012. The facility contractor will test the smoke detectors as part of their routine testing program and report any problems to the Administrator.	08/17/2012			

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	<p>Findings include:</p> <p>Based on observation on 08/13/12 at 1:45 p.m. with the Maintenance Supervisor, the Main fire alarm control panel located in the Mechanical room next to the Main nurses' station on center hall west was not electrically supervised by a smoke detector. Based on interview on 08/13/12 at 1:47 p.m. with the Maintenance Supervisor, it was acknowledged the Main fire alarm panel located in the Mechanical room was not provided with smoke detector protection.</p> <p>3-1.19(b)</p>			

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K0076 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observations and interview, the facility failed to provide storage locations for 4 of 4 liquid oxygen supply tanks containing fifty seven hundred and fifty five cubic feet per fifty gallons each which would protect them from the weather. NFPA 99, 4-3.5.2.2 requires cylinders stored in the open shall be protected against extremes of weather. During winter, cylinders stored in the open shall be protected from an accumulation of ice or snow. In summer, cylinders stored in the open shall be screened against continuous exposure to direct rays of the sun in those localities where extreme temperatures prevail. This deficient practice could affect 99 residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 08/13/12 during the tour from 12:55 p.m. to 2:05 p.m.</p>	K0076	<p>The facility would like to request a waiver of this requirement for less than 90 days to allow for the complex tasks required by this citing to be completed. The oxygen cylinders in question have been in place for over a year and are the property of a contractor. We have decided that rather than to build roofed enclosures for the outdoor tanks that we will change contractors so that the outdoor tanks will not be necessary. Our contractual obligation calls for us to provide a notice to the current contractor and we will need to allow for a transition time so that a new provider can obtain and install the proper equipment to meet the oxygen needs of our residents. Our ultimate plan is for the removal of the outdoor tanks. Timeline for completion: 1. Provide notice to current contractor of upcoming change. (8/31/2012) 2. Research opportunities for a new oxygen contractor (9/1/2012) 3. Notify new</p>	11/01/2012	

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	<p>with the Maintenance Supervisor, two 50 gallon LS180 liquid oxygen tanks were located outside the Spruce hall exit completely exposed as were two 50 gallon LS180 liquid oxygen tanks located outside the Cyprus Run hall south exit. No enclosures were provided for protection from sun, snow, or rain. Based on interview on 08/13/12 concurrent with the observations with the Maintenance Supervisor, it was agreed the equipment was exposed to all types of weather.</p> <p>3.1-19(b)</p>		<p>contractor of award of contract and complete contact paperwork (9/15/2012)4. Arrange for services to be transitioned (10/15/2012)5. Transition completed (prior to 11/1/2012)ADDENDUM: 9/10/2012: On 9/7/2012, the outside oxygen tanks were removed from the property. The threat of the tanks being exposed to the elements no longer exists since no oxygen is stored outside. All oxygen storage is in oxygen storage rooms. The storage of oxygen will be monitored weekly for three months and then monthly for three months or until there are no noted concerns with the storage of oxygen. New completion date: 9/10/2012</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 08/13/12 at 3:45 p.m. with</p>	K0144	<p>See previous response to K0144</p> <p>The facility hired a contractor to install an emergency stop on the generator as cited. The installation is scheduled for the week of August 27th. All residents and visitors could have been potentially affected by the lack of the emergency stop, however none were. The Maintenance Director will monitor the operation of the emergency stop monthly during normal QA rounds and report any problems to the Administrator.</p>	08/31/2012			

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	<p>the Maintenance Supervisor, a remote shut off device was not found for the generator. Based on review of Generator Maintenance records on 08/13/12 at 4:30 p.m. with the Maintenance Supervisor, the generator was installed in 2010 and a remote means to shut the generator off was not provided. Based on interview on 08/13/12 at 3:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was not aware a remote shut off for the generator was required.</p> <p>3.1-19(b)</p>				

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	<p>corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 119 and had a census of 99 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered. The facility has three detached sheds for facility storage which were not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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	<p>with the Maintenance Supervisor, two 50 gallon LS180 liquid oxygen tanks were located outside the Spruce hall exit completely exposed as were two 50 gallon LS180 liquid oxygen tanks located outside the Cyprus Run hall south exit. No enclosures were provided for protection from sun, snow, or rain. Based on interview on 08/13/12 concurrent with the observations with the Maintenance Supervisor, it was agreed the equipment was exposed to all types of weather.</p> <p>3.1-19(b)</p>		<p>contractor of award of contract and complete contact paperwork (9/15/2012)4. Arrange for services to be transitioned (10/15/2012)5. Transition completed (prior to 11/1/2012)ADDENDUM: 9/10/2012: On 9/7/2012, the outside oxygen tanks were removed from the property. The threat of the tanks being exposed to the elements no longer exists since no oxygen is stored outside. All oxygen storage is in oxygen storage rooms. The storage of oxygen will be monitored weekly for three months and then monthly for three months or until there are no noted concerns with the storage of oxygen. New completion date: 9/10/2012</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 08/13/12 at 3:45 p.m. with</p>	K0144	<p>See previous response to K0144 The facility hired a contractor to install an emergency stop on the generator as cited. The installation is scheduled for the week of August 27th. All residents and visitors could have been potentially affected by the lack of the emergency stop, however none were. The Maintenance Director will monitor the operation of the emergency stop monthly during normal QA rounds and report any problems to the Administrator.</p>	08/31/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155691	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  08/13/2012
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	<p>the Maintenance Supervisor, a remote shut off device was not found for the generator. Based on review of Generator Maintenance records on 08/13/12 at 4:30 p.m. with the Maintenance Supervisor, the generator was installed in 2010 and a remote means to shut the generator off was not provided. Based on interview on 08/13/12 at 3:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was not aware a remote shut off for the generator was required.</p> <p>3.1-19(b)</p>				