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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 06/24/2013 |
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| NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY | STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064 |
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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: 06/24/13</p> <p>Facility Number: 000248 Provider Number: 155357 AIM Number: 100291470</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rawlins House Health and Living Community, LLC 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 corridors, spaces open to the corridors and battery detectors in resident sleeping</p> | K010000 | <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p><u>Our date of compliance is July 19, 2013</u></p> | |
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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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| | <p>rooms. The facility has a capacity of 110 and had a census of 99 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except an outside garage and two sheds which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/28/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |

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| K010056 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observations and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems. NFPA 13, Section 5-6.3.4, "Minimum Distance between Sprinklers," states sprinklers shall be spaced not less than 6 feet on center. In addition, LSC 19.1.1.4.5 requires minor renovations, alterations, modernizations, or repairs shall not reduce life safety below the level that previously existed. This deficient practice could affect 5 residents in the Entrance lobby as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 06/24/13 at 1:40 p.m. with the Maintenance Supervisor, the File room next to the Reception desk</p> | K010056 | <p>K 056 I The sprinkler heads are now spaced at a minimum of 6 feet apart. II Five residents in the Entrance Lobby could be affected as well as staff and visitors. III Systemic change is that the sprinkler heads are now spaced at a minimum of 6 feet apart. IV The Maintenance Director or designee will monitor that the sprinkler heads will be spaced at a minimum of 6 feet apart. through auditing 1 time per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days, to total 12 months of monitoring. Results of audits will be reported to the QA committee monthly for 12 months, to assist with additional recommendations if necessary. COMPLETION DATE: July 3, 2013</p> | 07/03/2013 | |

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| | <p>by the front entrance had two ceiling sprinkler heads which were measured to be five feet apart located on the north side of the room. Based on interview on 06/26/13 at 1:44 p.m. with the Maintenance Supervisor, it was acknowledged the two sprinkler heads observed were less than six feet apart.</p> <p>3.1-19(b)</p> | | | |

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| K010062 SS=F | <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 record review and interview, the facility failed to ensure 1 of 1 private fire hydrants was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Systems report on 06/24/13 at 3:31 p.m. with the Maintenance Supervisor, the facility lacked documentation of annual inspections for one private fire hydrant next to the front entrance walkway. Based on interview concurrent with record review with the Maintenance Supervisor, it was confirmed documentation of an annual fire hydrant</p> | K010062 | <p><u>K 062</u></p> <p>- I The fire hydrant has been tested and continues to be in reliable operating condition.</p> <p>II All residents, visitors and staff could be affected.</p> <p>III The systemic change is that the fire Hydrant has been tested and continues to be in reliable operating condition.</p> <p>IV The Maintenance Director or designee will monitor that the fire hydrant continues to be in reliable operating condition through auditing 1 time per week for 30 days, then 5 times per month for 150 days, then 3 times per month for 180 days, to total 12 months of monitoring. Results of audits will be reported to QA committee monthly for 12 months to assist with additional recommendations if necessary. COMPLETION DATE: June 28, 2013</p> | 06/28/2013 | | | |

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| | inspection was not available for review. 3.1-19(b) | | | | |

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| K010130 SS=E | <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure the location of 1 of 1 liquefied petroleum gas (LPG) containers was at least 10 feet away from a building. LSC 19.1.1.3 requires all health care facilities shall be maintained and constructed to minimize the possibility of a fire emergency requiring the evacuation of occupants. LSC 8.4.3.1(3) requires the storage and handling of flammable liquids or gases to be in accordance with NFPA 58, 1998 Edition, Liquefied Petroleum Gas Code. NFPA 58, Section 3-2.2.2 requires containers installed outside of buildings to be in accordance with Table 3-2.2.2 which requires a separation of 10 feet from buildings for containers up to 500 gallons. This deficient practice could affect any resident on South hall near the LPG container area as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 06/24/13 at 2:15 p.m. with the Maintenance Supervisor, the 500 gallon LPG tank used to provide secondary fuel for the outdoor generator was measure to be five feet from the south wall of the building. The entire</p> | K010130 | <p><u>K 130</u></p> <p>- I The facility has removed the liquefied petroleum gas (LPG) container from the building. Vectron Gas will provide the secondary fuel for the outdoor generator.</p> <p>II Any resident on South hall could be affected.</p> <p>III The systemic change is that the facility has removed the liquefied petroleum gas (LPG) container from the building. Vectron Gas will now provide the secondary fuel for the outdoor generator.</p> <p>IV The Maintenance Director/designee will monitor that the secondary fuel for the outdoor generator is provided by Vectron Gas Company through auditing 1 time per week x 30 days, then 5 times per month x 150 days, then 1 time per month x 180 days to total 12 months of auditing. Results of the auditing will be reported to QA monthly for 12 months to assist with additional recommendations as necessary. Completion Date: July 19, 2013</p> | 07/19/2013 | | | |

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| | wall of the building was constructed of brick with wood studs used for the inside walls. Based on interview on 06/24/13 at 2:20 p.m. concurrent with the measurement with the Maintenance Supervisor, it was acknowledged the 500 gallon LPG container was five feet from the south wall of the building. 3.1-19(b) | | | |