

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155270	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  06/13/2012
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NAME OF PROVIDER OR SUPPLIER  CORE OF HUNTINGBURG INC	STREET ADDRESS, CITY, STATE, ZIP CODE 510 W MEDCALF DALE, IN 47523
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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: 06/13/12</p> <p>Facility Number: 000170 Provider Number: 155270 AIM Number: 100287490</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Core of Huntingburg, Inc. 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 (000) construction and was fully</p>	K0000		

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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms were not provided with smoke detection. The facility has a capacity of 60 and had a census of 44 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/18/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on interview and observation, the facility failed to ensure 1 of 1 battery powered light sets was tested monthly for 30 seconds and annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. 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. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p>	K0046	<p>1. It is the policy of this facility to test Emergency Lighting for atleast 90 minutes annually and 30 seconds monthly.2. Ability to affect all residents and staff.3. Maintenance Man was educated to test the Emergency Lighting 30 seconds per month and log the date and initial each time it is completed.4. The Administrator will audit the form monthly x12months to ensure compliance.</p>	07/13/2012			

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	<p>Findings include:</p> <p>Based on interview on 06/13/12 at 1:35 p.m., the Administrator indicated she was not sure if the battery powered light set located at the generator was tested monthly for at least thirty seconds, and annually for at least ninety minutes. Furthermore, the Administrator said the Maintenance Supervisor who normally handles these duties was on vacation and could not be located. The Administrator also said she could not find some of the Maintenance Supervisor's preventative maintenance documentation which might include the testing of the battery back up light set at the generator. Based on an observation on 06/13/12 at 1:36 p.m. during a tour of the facility with the Administrator, the battery back up light set at the generator did light up when tested.</p> <p>3-1.19(b)</p>				

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K0050 SS=F	<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</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 2 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills book on 06/13/12 at 10:45 a.m. with the Administrator present, the facility lacked written documentation fire drills were conducted during the first (day) and third (night) shifts of the first quarter (January, February, and March) of 2012. This was acknowledged by the Administrator at the time of record review.</p>	K0050	<p>1. It is the policy of this facility to conduct fire drills once monthly, 12 x's yearly on varying shifts and varing times. The drills will be done quarterly on each shift. Responsibility for planning and conducting drills will be completed by Maintenace Personnel or a Member of Management. A coded announcement may be used from 9pm to 6am instead of an audible alarm.2. Ability to affect all residents in the facility and staff.3. Maintenance educated on regulation and requirements of perforoming fire drills and they must be completed quarterly on every shift at varying times.4. The Administrator will monitor monthly x12 months to ensure compliance.</p>	07/13/2012			

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	<p>3.1-19(b)</p> <p>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 3 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills book on 06/13/12 at 10:45 a.m. with the Administrator present, all three third shift (night) fire drills since April of 2011 were performed at 10:20 p.m. This was acknowledged by the Administrator at the time of record review.</p> <p>3-1.19(b)</p>				

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K0052 SS=F	<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 all fire alarm system components and devices such as smoke detectors, were tested at least annually for 1 of 1 fire alarm systems. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, fire alarm boxes, horn/strobe devices, door holder devices, and fire alarm control equipment be tested annually. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's quarterly fire alarm system inspection reports in the Inspections folder on 06/13/12 at 9:30 a.m. with the Administrator present, fire alarm system</p>	K0052	<p>1. It is the policy of this facility to have the fire alarm tested and maintained in accordance with NFPA 70 and 72. 2. Ability to affect all residents, staff and visitors.3. Administrator organized the paperwork provided by Armor and Vanguard and found the inspection in fact had been completed. All the paperwork is organized to be easily accessible.4. The Administrator will ensure organization by filing the paperwork on a monthly basis to ensure procedures completed as regulated.</p>	07/13/2012			

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	<p>inspection reports dated 04/08/11, 09/30/11, 12/22/11, and 03/06/12 did not include visual and functional testing with a pass or fail result for nineteen of nineteen smoke detectors. The most recent quarterly fire alarm system inspection report where all smoke detectors were tested visually and functionally as well as tested for sensitivity was dated 06/24/10. This was acknowledged by the Administrator at the time of record review.</p> <p>3-1.19(b)</p>			

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K0056 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 record review, observation and interview; the facility failed to provide an automatic sprinkler system which provided complete coverage in 1 of 4 smoke compartments. This deficient practice could affect mostly kitchen staff, plus any of the 44 residents, as well as staff and visitors while in the dining room.</p> <p>Findings include:</p> <p>Based on record review on 06/13/12 at 9:55 a.m. with the Administrator present, the sprinkler inspection reports dated 10/26/11, 01/10/12, and 04/05/12 all stated "The spray</p>	K0056	<p>1. It is the policy of this facility to provide automatic sprinkler coverage to all 4 smoke compartments in the kitchen.2. Potential to affect mostly kitchen staff but could potentially affect all residents and staff.3. Maintenance was educated and the Administrator called Armour to schedule the procedure to be in compliance with Regulation. The procedure will be completed by July 13th.The Administrator will follow up with Armour to ensure scheduled procedure completed by July 13th.</p>	07/13/2012

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	<p>pattern of the fire sprinklers in the kitchen are partially blocked by an HVAC Duct." Based on observation on 06/13/12 at 12:15 p.m. during a tour of the facility with the Administrator, the kitchen was provided with automatic sprinkler coverage, however, the stove and range hood side of the room would not be fully covered due to the obstruction of an HVAC duct which divides the upper area of the room. This was acknowledged by the Administrator at the time of observation.</p> <p>3.1-19(b)</p>				

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K0062 SS=E	<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 observation and interview, the facility failed to ensure 2 of over 300 sprinkler heads in the facility were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect any of the 44 residents, as well as staff and visitors while in the vicinity of the front entrance/exit area.</p> <p>Findings include:</p> <p>Based on observation on 06/13/12 at 11:10 a.m. during a tour of the facility with the Administrator, the two sprinkler heads under the front entrance/exit overhang were</p>	K0062	<p>1. It is the policy of this facility to maintain the sprinkler system and monitor and maintain the sprinkler heads within the facility. 2. Ability to affect all residents, staff and visitors. 3. Administrator called Armour and scheduled replacement of sprinkler heads by July 13th. 4. Administrator will follow up with Armour to ensure compliance by July 13th.</p>	07/13/2012

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	covered with corrosion. This was acknowledged by the Administrator at the time of observation.  3.1-19(b)				

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K0064 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This</p>	K0064	<p>1. It is the policy of this facility to provide proper signage for class K fire extinguishers. 2. Ability to affect all staff, residents and visitors. Most likely to affect kitchen staff.3. Administrator called Armour and they agreed to provide proper K signage by July 13th.4. Administrator will follow up with Armour to ensure they provide signage by date above.</p>	07/13/2012

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	<p>deficient practice could affect mostly staff while working in the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 06/13/12 at 12:20 p.m. during a tour of the facility with the Administrator, there was a Class K portable fire extinguisher in the kitchen which lacked a placard. Based on interview at the time of observation, the Administrator acknowledged the Class K portable fire extinguisher lacked a placard.</p> <p>3.1-19(b)</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>1. Based on interview, the facility failed to provide documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and</p>	K0144	<p>1. It is the policy of this facility to ensure generators are inspected weekly and exercised under load for 30 minutes per month.2. Ability to affect all residents, staff and visitors.3. Maintenance Man educated on regulation regarding weekly and monthly generator testing and proper monitoring of system.4. Administrator will ensure compliance by monitoring weekly x 4 weeks and then monthly x 4 months.</p>	07/13/2012			

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	<p>visitors in the facility.</p> <p>Findings include:</p> <p>Based on interview on 06/13/12 at 1:35 p.m., the Administrator said she could not locate the generator log book which contained the monthly load test documentation for the emergency generator, furthermore, she said the Maintenance Supervisor who normally keeps these records was on vacation and could not be located.</p> <p>3.1-19(b)</p> <p>2. Based on interview, the facility failed to ensure a written record of weekly inspections of the starting batteries for 1 of 1 emergency generators was available for 52 of 52 weeks. NFPA 99, 3-4.4.1.3 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of</p>						

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NAME OF PROVIDER OR SUPPLIER  CORE OF HUNTINGBURG INC			STREET ADDRESS, CITY, STATE, ZIP CODE 510 W MEDCALF DALE, IN 47523		
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	<p>defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. NFPA 99, 3-4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on interview on 06/13/12 at 1:35 p.m., the Administrator said she could not locate the generator log book which contained the weekly inspections of the emergency generator batteries, furthermore, she said the Maintenance Supervisor who normally keeps these records was on vacation and could not be located.</p> <p>3.1-19(b)</p>				