

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/13/2012
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NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
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K0000	<p>A Life Safety Code Recertification, State Licensure and a 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: 07/13/12</p> <p>Facility Number: 000291 Provider Number: 155404 AIM Number: 100286710</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Life Safety Code survey, Essex Nursing and 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> <p>This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors.</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>Resident rooms have battery operated smoke detectors. The facility has a capacity of 38 and had a census of 34 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>The facility had a designated smoking area detached from the building covered by an awning which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/18/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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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>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Disaster/Fire Drill Record" with the Administrator on 07/13/12 during record review from 11:15 a.m. to 1:00 p.m., there was no record of a second shift fire drill for the fourth quarter of 2011. Based on an interview with the Administrator at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>3.1-19(b) 3.1-51(c)</p>	K0050	<p>K 050 NFPA 101</p> <p><u>LIFE SAFETY CODE STANDARD</u></p> <p><i>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</i></p> <p>Fire drills will continue to be conducted per the regulations set forth in K 050, to ensure that fire drills have been conducted on all 3 shifts quarterly. The documentation recording fire drills has been reviewed to ensure all drills are recorded at the time conducted.</p> <p><i>(b) How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken</i></p> <p>Residents had the potential to be affected however none were identified. As noted above, the facility fire drill documentation form</p>	08/13/2012			

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			<p>has been reviewed to ensure that fire drills have been conducted on all 3 shifts quarterly. Fire drills will be conducted per regulation.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>The Maintenance Director has been in-serviced as to the required components of this tag assuring that drills are conducted during all shifts at varying times. The plan developed for the next year will ensure that all fire drills will be conducted at least (1) per shift, per quarter.</p> <p>(d) How the corrective actions(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>The monitoring of this tag will be a joint effort between the NHA and Maintenance Director as they monitor the monthly fire drill documentation to ensure that forms are being utilized correctly and to confirm that fire drills are being conducted per regulation for the next four weeks and bi-monthly for 2 months. A quarterly monitoring by the Regional director of plant ops/Designee will be conducted. A Report of findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met.</p> <p>(e) Date of compliance: 8-13-12</p>		

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K0154 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. in order to protect 34 of 34 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the "Plant Operations, Standards & Guidelines" with the Administrator on 07/13/12 during record review from 11:15 a.m. to 1:00 p.m., there were two fire watch policy & procedures. One was revised on 06/08 and the other on 02/08/10. Both policy & procedures indicated, "If the corrective action will take more than 4 hours, do the following:" Neither policy & procedure contained the verbiage "4 hours or more in a 24 hour period". Based on interview at the time of review, the Administrator</p>	K0154	<p>K 154 NFPA 101</p> <p><u>LIFE SAFETY CODE STANDARD</u></p> <p><i>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</i></p> <p>Plant Operations Standards & Guidelines (Fire Watch - Issued 7/04, Revised 7/20/12) have been revised to include verbiage to address outages of the Automatic Sprinkler System of 4 hours or more in a 24 hour period. .</p> <p><i>(b) How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken</i></p> <p>Residents had the potential to be affected however none were identified. As noted above, the facility fire watch documentation has been revised to include the verbiage to address outages of 4 hours or more in a 24 hour period.</p> <p><i>(c) What measures will be put into</i></p>	08/13/2012			

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	<p>acknowledged the statement, "4 hours or more in a 24 hour period" was not included in either fire watch policy & procedure.</p> <p>3.1-19(b)</p>		<p><i>place or what systematic changes you will make to ensure that the practice does not recur:</i></p> <p>The Maintenance Director has been in-serviced as to the required components of this tag assuring that updated Standards & Guidelines are included in the Policy and Procedures book.</p> <p><i>(d) How the corrective actions(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</i></p> <p>The monitoring of this tag will be a joint effort between the NHA and Maintenance Director as they monitor the documentation to ensure that current Standards & Guidelines are utilized for the next four weeks and bi-monthly for 2 months. A quarterly monitoring by the Regional director of plant ops/Designee will be conducted. A Report of findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met.</p> <p><i>(e) Date of compliance: 8-13-12</i></p>	

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K0155 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to ensure its written fire watch policy addressed all procedures to be followed in this facility in the event the fire alarm system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. in order to protect 34 of 34 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the "Plant Operations, Standards & Guidelines" with the Administrator on 07/13/12 during record review from 11:15 a.m. to 1:00 p.m., there were two fire watch policy & procedures. One was revised on 06/08 and the other on 02/08/10. Both policy & procedures indicated, "If the corrective action will take more than 4 hours, do the following:" Neither policy & procedure contained the verbiage "4 hours or more in a 24 hour period". Based on interview at the time of review, the Administrator</p>	K0155	<p>K 155 NFPA 101</p> <p><u>LIFE SAFETY CODE STANDARD</u></p> <p><i>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</i></p> <p>Plant Operations Standards & Guidelines (Fire Watch - Issued 7/04, Revised 7/20/12) have been revised to include verbiage to address outages of the Fire Alarm System of 4 hours or more in a 24 hour period. .</p> <p><i>(b) How will you identify other residents having potential to be affected by the same practice and what corrective action will be taken</i></p> <p>Residents had the potential to be affected however none were identified. As noted above, the facility fire watch documentation has been revised to include the verbiage to address outages of 4 hours or more in a 24 hour period.</p> <p><i>(c) What measures will be put into</i></p>	08/13/2012			

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