

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155532	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/13/2013
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NAME OF PROVIDER OR SUPPLIER  BLOOMINGTON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 E MILLER DR BLOOMINGTON, IN 47401
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 06/13/13</p> <p>Facility Number: 000460 Provider Number: 155532 AIM Number: 100290620</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bloomington 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, spaces open to the corridors and battery powered smoke detectors in the</p>	K010000		

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. The facility has a capacity of 38 and had a census of 29 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the smoking hut and the storage shed used to store facility goods.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010046 SS=E	<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 observation and staff interview, the facility failed to provide exterior emergency lighting for 2 of 10 exits. LSC Section 7.9.1.1 requires emergency lighting for means of egress shall be provided for the exit access and exit discharge. This deficient practice could affect 15 residents on west hall as well as staff and visitors if the occupants in the facility were required to evacuate in an emergency.</p> <p>Findings include:</p> <p>Based on observations on 06/13/13 between 12:15 p.m. to 12:45 p.m. with the Maintenance Supervisor, it was acknowledged the two battery operated emergency lights outside west hall exits did not illuminate when tested. Based on interview concurrent with the observations with the Maintenance Supervisor, the two aforementioned exterior battery powered lights outside of West hall were not functioning when tested.</p> <p>3.1-19(b)</p>	K010046	<p>K046E- NFPA 101 LIFESAFETY CODE STANDARD</p> <p>Bloomington Nursing and Rehabilitation does ensure that emergency lighting of at least 1 ½ hours duration at all emergency exits at facility.</p> <p>I. Exterior Emergency Lighting Units were installed at 2 of 3 exits at facility that were not meeting standard of providing 1 ½ hours of duration lighting for emergency exits at facility.</p> <p>II. All residents within the facility have the potential to be affected by this.</p> <p>III. The two non-operative (battery operated) emergency lights were replaced with new ones at both exits found to be deficient.</p> <p>IV. The Maintenance Director/designee will conduct full facility maintenance quality improvement review and audit of facility life safety and maintenance needs. Results will</p>	06/26/2013

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			be conveyed to administrator and will be addressed. Follow up or concerns will be reviewed with QA committee monthly until compliance reached, then quarterly.	