

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155386	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/13/2013
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NAME OF PROVIDER OR SUPPLIER LAURELS OF DEKALB	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721
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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: 05/13/13</p> <p>Facility Number: 000574 Provider Number: 155386 AIM Number: 100266430</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Laurels of Dekalb 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 the 100, 200, 300 and 400 halls, the main dining room and the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in in</p>	K010000	<p>The Laurels of DeKalb wishes to have this submitted plan of correction stand as our written allegation of compliance. Preparation and/or execution of this plan does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirements. Our date of compliance is June 12, 2013.</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>the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 101 and had a census of 89 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached garage providing facility services including storage of beds, mattresses and snow blowers that was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010050 SS=C	<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 conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Monthly Fire Drill Report" forms with the Administrator and the Maintenance Director on 05/13/13 at 11:15 a.m., all first shift fire drills took place between 12:54 p.m. and 1:40 p.m. for the last four completed quarters and all third shift fire drills took place between 4:00 a.m. and 4:35 a.m. for of the last four completed quarters. This was confirmed by the Maintenance Director at the time of record review.</p> <p>3.1-19(b) 3.1-51(c)</p>	K010050	<p>On 5/28/13 the Maintenance Director was in-serviced on the regulation to ensure fire drills are held at varying times during the shift.No fire drills were missing from the date of the last Life Safety Inspection.The facility's Maintenance Director will ensure each required fire drill is completed on each shift at varying times each quarter.Continued compliance of the timeliness and varying times of required fire drills will be monitored by the Director of Maintenance. Variances will be corrected at the time of observation and trends will be reported to the facility's monthly Safety Committee and Quality Assurance Committees.The Administrator will monitor compliance with this regulation.</p>	06/12/2013	

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K010051 SS=E	<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 entrance manual fire alarm boxes was readily accessible. NFPA 72, National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice affects the 41 residents in the 300 and 400 halls.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Maintenance</p>	K010051	By 6/12/13 Simplex Grinnell will install a manual fire alarm pull station that is accessible at all times to service the 300/400 halls.No other manual fire alarm pull stations were found to be in violation of the regulation.Continued compliance of the regulation will be monitored by the Maintenance Director. Variances will be corrected at the time of observation and trends will be reported to the facility's monthly Safety Committee and Quality Assurance Committee. The Administrator is responsible for compliance with this regulation.	06/12/2013			

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	<p>Director on 05/13/13 at 1:46 p.m., the manual fire alarm pull station was located in the vestibule area at the main entrance. There was no manual fire alarm pull station at the 300/400 hall nurses' station. Based on an interview with the Administrator and the Maintenance Director at the time of observation, the interior door of the main entrance vestibule was magnetically locked at night requiring a code to enter the vestibule area where the pull station is located.</p> <p>3.1-19(b)</p>				

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K010056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 3 canopies in accordance with NFPA 13, Standard for Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13-1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice was not in a resident care area but could affect staff.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and the Maintenance Director on 05/13/13 at 1:10 p.m., there was a unsprinklered canvas canopy</p>	K010056	By 6/12/13 J.O. Mory, Inc. will install a complete automatic sprinkler system to the employee smoke hut canopy to comply with the regulation.No other areas of the facility were found to be in violation of the regulation.Continued compliance of the regulation will be monitored by the Maintenance Director. Variances will be corrected at the time of observation and trends will be reported to the facility's monthly Safety Committee and Quality Assurance Committee. The Administrator is responsible for compliance with this regulation.	06/12/2013			

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	<p>enclosure tacked to the building near the service entrance. The enclosure is used as a smokers hut and extends out nine feet from the building and measures twelve feet in length. A small portion of the enclosure was left open to allow smokers to enter. At the time of observation, the Administrator stated the smokers hut was used by staff only and the Maintenance Director acknowledged the facility lacked documentation to confirm the canvas canopy enclosure was inherently fire resistant.</p> <p>3.1-19(b)</p>				

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K010062 SS=C	<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 sprinkler waterflow alarm devices were tested quarterly for 1 of 4 quarters. LSC 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices and pressure switches that provide audible or visual signals to be tested quarterly. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of "Report of Inspection" sprinkler inspection documentation from J.O. Mory with the Administrator and the Maintenance Director on 05/13/13 at 11:22 a.m., the facility lacked documentation of a sprinkler inspection where the waterflow alarms were tested for the first quarter of 2013. Based on an interview with the Maintenance Director at the time of record review, he was aware the sprinkler inspection was missing for the first quarter of 2013 and had placed a call to</p>	K010062	On 8/6/12 J.O. Mory, Inc. completed a sprinkler inspection where the waterflow alarms were tested. The inspection found the system to be in proper working order. No other sprinkler inspections were found to be out of compliance and therefore in violation of the regulation. Continued compliance of the regulation will be monitored by the Maintenance Director. Variances will be corrected at the time of observation and trends will be reported to the facility's monthly Safety Committee and Quality Assurance Committee. The Administrator is responsible for compliance with this regulation.	06/12/2013			

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	J.O. Mory. 3.1-19(b)				

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K010067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 5 of 6 egress corridors were not being used as a portion of the return air plenum for heating, ventilating and air conditioning ductwork (HVAC) serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice affects the 100, 200, 300 and 400 halls therefore affecting all residents.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Maintenance Director on 05/13/13 during the facility tour from 11:22 a.m. to 2:00 p.m., all resident rooms on the 100, 200, 300 and 400 halls were using the egress corridor as a return air system. Based on an interview at the time of observation, the Maintenance Director confirmed the return air was exhausted into the corridor for all resident rooms.</p>	K010067	The facility respectfully requests a waiver of K067. The Life Safety Waiver request will be received by the State by 6/12/13.	06/12/2013			

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K020000	<p>A Life Safety Code Recertification and State Licensure Survey Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/13/13</p> <p>Facility Number: 000574 Provider Number: 155386 AIM Number: 100266430</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Laurels of Dekalb 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.</p> <p>The new section of the building consisting of the 300 hall Therapy gym was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in in</p>	K020000	The Laurels of DeKalb wishes to have this submitted plan of correction stand as our written allegation of compliance. Preparation and/or execution of this plan does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirements. Our date of compliance is June 12, 2013.		

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	<p>the corridors, areas open to the corridors and hard wired smoke detector in the resident rooms. The facility has a capacity of 101 and had a census of 89 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached garage providing facility services including storage of beds, mattresses and snow blowers that was 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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K020050 SS=C	<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. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the "Monthly Fire Drill Report" forms with the Administrator and the Maintenance Director on 05/13/13 at 11:15 a.m., all first shift fire drills took place between 12:54 p.m. and 1:35 p.m. for the last four completed quarters and all third shift fire drills took place between 4:00 a.m. and 4:35 a.m. for the last four completed quarters. This was confirmed by the Maintenance Director at the time of record review.</p> <p>3.1-19(b) 3.1-51(c)</p>	K020050	<p>On 5/28/13 the Maintenance Director was in-serviced on the regulation to ensure fire drills are held at varying times during the shift.No fire drills were missing from the date of the last Life Safety Inspection.The facility's Maintenance Director will ensure each required fire drill is completed on each shift at varying times each quarter.Continued compliance of the timeliness and varying times of required fire drills will be monitored by the Director of Maintenance. Variances will be corrected at the time of observation and trends will be reported to the facility's monthly Safety Committee and Quality Assurance Committees.The Administrator will monitor compliance with this regulation.</p>	06/12/2013			

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K020062 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested quarterly for 1 of 4 quarters. LCS 9.7.5 refers to NFPA 25, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices and pressure switches that provide audible or visual signals to be tested quarterly. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of "Report of Inspection" sprinkler inspection documentation from J.O. Mory with the Administrator and the Maintenance Director on 05/13/13 at 11:22 a.m., the facility lacked documentation of a sprinkler inspection where the waterflow alarms were tested for the first quarter of 2013. Based on an interview with the Maintenance Director at the time of record review, he was aware the sprinkler inspection was missing for the first quarter of 2013 and had placed a call to</p>	K020062	On 8/6/12 J.O. Mory, Inc. completed a sprinkler inspection where the waterflow alarms were tested. The inspection found the system to be in proper working order. No other sprinkler inspections were found to be out of compliance and therefore in violation of the regulation. Continued compliance of the regulation will be monitored by the Maintenance Director. Variances will be corrected at the time of observation and trends will be reported to the facility's monthly Safety Committee and Quality Assurance Committee. The Administrator is responsible for compliance with this regulation.	06/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155386	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 05/13/2013
NAME OF PROVIDER OR SUPPLIER LAURELS OF DEKALB			STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721		
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	J.O. Mory. 3.1-19(b)				