

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155660		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/15/2016	
NAME OF PROVIDER OR SUPPLIER PULASKI HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 624 E 13TH ST WINAMAC, IN 46996			
(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	
K 0000 Bldg. 01	<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: 11/22/16</p> <p>Facility Number: 000553 Provider Number: 155660 AIM Number: 100267430</p> <p>At this Life Safety Code survey, Pulaski Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2012 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, consisting of the original building and a later addition was surveyed as one building since both were determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors, and resident rooms in the northeast wing.</p>		K 0000	<p>The preparation and execution of the Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long term care facility and this Plan of Correction in its entirety, constitutes this providers credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that it was in compliance with the requirements of participation. We are respectfully requesting a desk review to clear any an all proposed or implemented</p>			

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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K 0712 SS=F Bldg. 01	<p>All other resident rooms are equipped with battery powered single station smoke detectors. The facility has the capacity for 58 and had a census of 55 at the time of this survey.</p> <p>All areas residents have customary access to were sprinklered. One detached equipment shed was unsprinklered.</p> <p>Quality Review completed on 11/30/16 - DA</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills for 1 of 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and residents.</p>		K 0712	<p>remedies that have been presented to date.</p> <p>Fire Drills will be conducted @ least quarterly on each shift at varying times.</p> <p>Example #1--- 2017 Fire Drill Schedule showing quarterly fire drills on all shifts @ varying times.</p> <p>Example #2---2016 Fire Drill</p>		11/23/2016	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Findings include:</p> <p>Based on record review of the "Fire / Safety Drill" report form with the Maintenance Supervisor on 11/22/16 at 9:40 a.m., there was no documentation for a third shift fire drill in the second quarter (April - June) of 2016. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the missing fire drill.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>Schedule which shows that a fire drill was conducted on 12-16-16 since our Life Safety Survey.</p> <p>The Fire Drills will be reported in QAPI monthly x's 6. Thereafter, the Administrator or his designee will randomly audit the fire drills to ensure compliance.</p> <p>Any concerns regarding the fire drills will be discussed in QAPI for areas or improvement/change.</p>		