

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155649		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/05/2015	
NAME OF PROVIDER OR SUPPLIER MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 210 STATE HWY 43 SPENCER, IN 47460			
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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: 11/05/15</p> <p>Facility Number: 010478 Provider Number: 155649 AIM Number: 200197620</p> <p>At this Life Safety Code survey, McCormick's Creek Rehabilitation & Skilled Nursing 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and has smoke detectors hardwired to fire alarm system in all resident sleeping rooms. The facility has a capacity of 87</p>		K 0000	<p>We are requesting Paper Compliance. Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law.</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 0064 SS=D Bldg. 01	<p>and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 11/09/15 - DA</p> <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 Based on observation and interview, the facility failed to ensure 1 of 19 portable fire extinguishers requiring a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. Fire extinguishers passing the applicable 6-year requirement of 4-4.3 shall have the maintenance information recorded on a suitable metallic label or equally durable material having a minimum size of 2 inches by 3 1/2 inches. The new label shall be affixed to the shell by a heatless process, and any old maintenance labels shall be removed. These labels shall be of the self destructive type when removal from a fire extinguisher is attempted.</p>		K 0064	<p>No residents were affected by this deficient practice Vanguard the contractor came to the building and replaced the fire extinguisher with a newly serviced fire extinguisher The Maintenance Director or designee will oversee inspections to make sure they are adequately serviced . The contractor's work will be reviewed in Quality Assurance every 12 months to ensure all requirements are met.</p>		11/20/2015	

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

PRINTED: 11/24/2015
FORM APPROVED
OMB NO. 0938-0391

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	<p>The label shall include the following information:</p> <p>(a) Month and year the maintenance was performed, indicated by a perforation such as is done by a hand punch.</p> <p>(b) Name or initials of person performing the maintenance and name of agency performing the maintenance.</p> <p>NFPA 10 at Section 4-4.4.2, Verification of Service (Maintenance or Recharging) requires each extinguisher that has undergone maintenance that includes internal examination or has been recharged shall have a "Verification of Service" collar located around the neck of the container. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the container unless the valve is completely removed. The collar shall not interfere with the operation of the fire extinguisher. The "Verification of Service" collar shall include the month and year the service was performed, indicated by a perforation such as is done by a hand punch. This deficient practice could affect 5 staff and visitors in the service hall.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the</p>						

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K 0067 SS=E Bldg. 01	<p>facility from 11:00 a.m. to 1:10 p.m. on 11/05/15, the portable fire extinguisher in the service hall by the Medical Records storage room had an affixed label and collar stating the most recent documented six year maintenance procedure was performed in March 2008. Based on interview at the time of observation, the Maintenance Director acknowledged it had been more than six years since the most recent six year maintenance procedure had been performed for the aforementioned portable fire extinguisher in the service hall.</p> <p>3.1-19(b)</p> <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 record review, observation and interview; the facility failed to ensure all fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and</p>			K 0067	<p>No residents were affected by this deficient practice Vanguard the contractor came and inspected and replaced the melting link inside the damper (see attachment A). The Maintenance Director or designee will oversee inspections to make sure they are adequately serviced The contractor's work will be reviewed in Quality Assurance every 12 months to ensure all requirements are met.</p>		11/20/2015

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	<p>Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect 48 residents, staff and visitors in the vicinity of Room 26.</p> <p>Findings include:</p> <p>Based on review of Vanguard Alarm Services "Damper Inspection Testing Record" documentation dated 10/08/13 with the Maintenance Director during record review from 9:30 a.m. to 11:00 a.m. on 11/05/15, documentation of the fire damper inspection and maintenance for the fire damper located outside Room 26 in the air supply vent was listed as "no access" and not listed as passing or failing inspection and maintenance. Based on interview at the time of record review, the Maintenance Director stated additional fire damper inspection and maintenance documentation within the most recent four year period was not available for review and acknowledged the aforementioned fire damper was not listed as being inspected on the 10/08/13 inspection documentation. Based on observation with the Maintenance</p>						

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	<p>Director during a tour of the facility from 11:00 a.m. to 1:10 p.m. on 11/05/15, a fire damper was noted in the air supply vent in the corridor outside Room 26 access to which was made possible by the Maintenance Director removing the supply vent cover. No written documentation was affixed to the fire damper indicating inspection and maintenance was performed within the most recent four year period. Based on interview at the time of observation, the Maintenance Director acknowledged access to the aforementioned fire damper was not restricted and should have been inspected on 10/08/13.</p> <p>3.1-19(b)</p>						