

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155464	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2017
NAME OF PROVIDER OR SUPPLIER ROCKVILLE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 768 N US HWY 41 ROCKVILLE, IN 47872	
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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: 06/27/17</p> <p>Facility Number: 000492 Provider Number: 155464 AIM Number: 100291360</p> <p>At this Life Safety Code survey, Rockville 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 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 was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 38</p>		K 0000	<p>Preparation and/or execution of this plan of correction in general, or any corrective actions set forth herein, in particular, does not constitute an admission or agreement by Rockville Nursing & Rehabilitation of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/ or executed solely because of provisions of federal and/ or state laws.</p> <p>Rockville Nursing & Rehabilitation desires this plan of correction to be considered the facilities allegation of compliance effective 7/27/2017.</p> <p>Rockville Nursing & Rehab would like to request a desk review for compliance with these deficiencies as we feel with the new processes adopted we will obtain and maintain continued compliance.</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 0351 SS=B Bldg. 01	<p>and had a census of 23 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, except the smoking building and all areas providing facility services were sprinklered, except two detached wood buildings and one detached metal shed, all used for facility storage.</p> <p>Quality Review completed on 06/28/17 - DA</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p>				

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	<p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 Director of Nursing office, 1 of 1 M.D.S. office, and 1 of 1 Executive Directors office in accordance with 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance man and the Executive Director on 06/27/17 between 11:10 a.m. and 12:40 p.m., the Director of Nursing office, the M.D.S. office, and the Executive Directors office all had ceiling fans in them that would obstruct the water discharge from the sprinkler heads</p>	K 0351	<p>K 351</p> <p>It is the standard of this facility to be protected throughout by an approved automatic sprinkler system.</p> <p>No residents were affected by this alleged deficient practice.</p> <p>Fan blades will be removed from ceiling lighting so as not to interfere with the spray pattern for sprinkler heads in the MDS, DON, and Administrator's office.</p> <p>Administrator or Environmental Service Manager will be responsible for monitoring offices and rooms for fans that could interfere with the spray pattern for sprinkler heads weekly for the first month, monthly for the next 3 months, and thereafter until 100% compliance is achieved. Results will be shared monthly with the facility QAPI committee for additional recommendations.</p>	07/27/2017

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K 0353 SS=F Bldg. 01	<p>located within each respective office.</p> <p>Based on interview at the time of each observation, the Maintenance man and the Executive Director acknowledged the aforementioned conditions.</p> <p>3.1-19(b)</p> <p>NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.</p> <p>Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems</p>		K 0353	<p>It is the standard of this facility to ensure automatic sprinkler and stand pipe systems are inspected, tested, and maintained.</p> <p>No residents were affected by this alleged deficient practice.</p> <p>An audit tool was created that documents a monthly inspection</p>	07/27/2017

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	<p>shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors within the facility.</p> <p>Findings include:</p> <p>Based on review of SafeCare's "Report of Inspection" documentation for the most recent twelve month period with the Maintenance man and the facility Administrator during record review from 9:10 a.m. to 11:10 p.m. on 06/27/17, monthly wet sprinkler system gauge inspection documentation for 12 months of the most recent 12 month period was</p>			<p>of the gages on the facility wet pipe sprinkler system to ensure they are in good condition, and that normal water supply pressure is being maintained. Administrator will review this monthly audit completed by the maintenance director monthly for 4 months and monthly there after until 100% compliance is achieved. Results will be shared monthly with the facility QAPI committee for additional recommendations.</p> <p>Rockville Nursing & Rehab would like to request a desk review for compliance with this deficiency as we feel with the new processes adopted we will obtain and maintain continued compliance.</p>

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K 0711 SS=F Bldg. 01	<p>not available for review. In addition, monthly inspection documentation for all sprinkler system control valves for 12 months of the most recent 12 month period was not available for review. Based on interview at the time of record review, the Maintenance man acknowledged sprinkler system gauge and control valve inspection documentation for the aforementioned monthly periods was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on record review and interview, the facility failed to provide 1 of 1 written emergency fire safety plan that incorporated all items listed in NFPA 101, Section 19.7.2.2.</p>		K 0711	K 711 It is the standard of this facility to have a written plan for the protection of all patients and for their evacuation in the event of an emergency.	07/27/2017

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	<p>1. Use of alarms. 2. Transmission of alarms to fire department. 3. Emergency phone call to fire department 4. Response to alarms. 5. Isolation of fire. 6. Evacuation of immediate area. 7. Evacuation of smoke compartment. 8. Preparation of floors and building for evacuation. 9. Extinguishment of fire.</p> <p>This deficient practice affects all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of "Disaster Manual - Emergency Fire Procedure" documentation with the Maintenance man and Executive Director during record review at 9:30 a.m. on 06/28/17, the written fire safety plan did not address item: (8) Preparation of floors and building for evacuation. Based on interview at the time of record review, the Maintenance man and Executive Director acknowledged the aforementioned written fire safety plan did not identify the preparation of floors and building for evacuation.</p> <p>3.1-19(b)</p>			<p>No residents were affected by this alleged deficient practice. The facility disaster plan has been updated to include that all wheeled items in the hall will be pushed into the closest room without residents to prepare the floor for evacuation in the event of an emergency.</p> <p>All staff will be trained on this addition to the facility disaster plan by 7/27/2017.</p> <p>Administrator will randomly audit 3 staff members 3 times weekly for a month, then 3 staff members 2 times weekly for a month, then 3 staff monthly until 100% compliance achieved to ensure they know how to prepare the floor for evacuation in the event of an emergency. Results will be shared monthly with the facility QAPI committee for additional recommendations. Rockville Nursing & Rehab would like to request a desk review for compliance with this deficiency as we feel with the new processes adopted we will obtain and maintain continued compliance.</p>

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

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