

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

PRINTED: 07/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155752		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/05/2017	
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE NURSING AND MEMORY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637			
(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 Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/05/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>This visit was done in conjunction with T24D22 Survey.</p> <p>Survey Date: 07/05/17</p> <p>Facility Number: 004732 Provider Number: 155752 AIM Number: 200808300</p> <p>At this PSR survey, Morningside Nursing and Memory Care 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with automatic smoke</p>		K 0000				

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 0291 SS=F Bldg. 01	<p>detection in the corridors, in areas open to the corridors, and battery operated smoke alarms in all resident rooms except the hard wired smoke detectors in resident room 112, 113, 115 and 116. The facility has a capacity of 40 and had a census of 30 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered with the exception of a wood shed.</p> <p>Quality Review completed on 07/05/17 - DA</p> <p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1</p> <p>Based on record review and interview; the facility failed to ensure battery operated emergency lights in 1 of 3 corridors was maintained in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment, requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for</p>			K 0291	<p>The Facility requests paper compliance for this citation</p> <ol style="list-style-type: none"> 1. No residents were affected by this practice 2. Due to the nature of the violation all residents in the facility had the potential to be affected. 3. The light in question was replaced with a new unit and tested for functionality with success. 4. No further follow up is needed at this time 5. Date of compliance: July 17th, 		07/17/2017

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K 0372 SS=F Bldg. 01	<p>not less than a 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants because the facility does not have generator.</p> <p>Findings include:</p> <p>Based on observation with the Administrator on 07/05/17 at 1:34 p.m., the Dining room exit discharge battery operated emergency light failed to illuminate when tested. Based on interview at the time of observation, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 05/05/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5.</p>			2017			

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	<p>Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Administrator on 07/05/17 at 1:55 p.m., five separate smoke barrier unsealed penetrations were discovered in the attic ranging from one inch to four inches. Based on interview at the time of observation, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>			K 0372	<p>The Facility requests paper compliance for this citation</p> <p>1. No residents were affected negatively from this practice. 2. Due to the nature of the violation all residents in the facility had the potential to be affected. 3. The smoke barrier penetrations were repaired by 7/17/17. Smoke barrier was also brought up to code in fire retardancy. 4. No further follow up is necessary at this time. Maintenance department will visually inspect the smoke barrier compartment after any maintenance done in the attic to ensure smoke barrier integrity. 5. Date of completion 7/17/17</p>		07/17/2017

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