

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

PRINTED: 09/19/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155441		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/29/2017	
NAME OF PROVIDER OR SUPPLIER  CORYDON NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 315 COUNTRY CLUB RD CORYDON, IN 47112			
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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: 08/29/17</p> <p>Facility Number: 000338 Provider Number: 155441 AIM Number: 100287590</p> <p>At this Life Safety Code survey, Corydon Nursing and Rehabilitation Center was found in substantial 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 alarms in all resident sleeping rooms. The facility has a capacity of 38</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 0347 SS=C Bldg. 01	<p>and had a census of 22 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two detached sheds used for facility storage.</p> <p>Quality Review completed on 08/29/17 - DA</p> <p>NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 Based on record review, interview and observation; the facility failed to ensure documentation for the preventative maintenance of 20 of 20 battery operated smoke alarms in resident rooms, the laundry and at the nurses' station was complete for 2 of the past 12 months. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the "Battery Check</p>		K 0347	<p>Preparation and /or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>K 347 Smoke Detection</p> <p>- What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice; O Although there was not an itemized location list available to</p>		09/12/2017	

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	<p>Smoke Detectors" reports on 08/29/17 at 11:15 a.m. with the Maintenance Director present, there was no itemized list of resident room, laundry, and nurses' station battery operated smoke alarms tested for functionality during June and July of 2017. The only documentation available for June and July of 2017 was a monthly TELS report indicating the task had been completed. The TELS report did not identify location of each smoke alarm tested and if there were any issues with each smoke alarm. Based on interview at the time of record review, the Maintenance Director said the facility started using the TELS program recently and there was no place on the TELS form to show the test results for an itemized list of battery operated smoke alarms. The Maintenance Director also said there were no problems with any battery operated smoke alarms during the June and July testing period. Based on observations between 12:30 p.m. and 1:45 p.m. during a tour of the facility with the Maintenance Director, battery operated smoke alarms were observed in all resident sleeping rooms, the laundry and at the nurses' station.</p> <p>3.1-19(b)</p>		<p>track, facility was monitoring all smoke detectors via TELS</p> <p><input type="checkbox"/> Going forward facility will use an itemized location list log.</p> <p>- How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p><input type="checkbox"/> Although there was not an itemized location list available to track, facility was monitoring all smoke detectors via TELS</p> <p><input type="checkbox"/> Going forward facility will use an itemized location list log.</p> <p>- What measures will be into place or what systemic changes will be made to ensure that the deficient practice does not occur;</p> <p><input type="checkbox"/> Have put into place a monthly itemized location list log.</p> <p><input type="checkbox"/> Maintenance Director will be educated and In-serviced on 9/12/17</p> <p>- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p><input type="checkbox"/> Administrator/designee will review itemized location log monthly for six months until compliance is maintained for two consecutive quarters.</p> <p><input type="checkbox"/> The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not</p>				

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K 0353 SS=C Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 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. 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 sprinkler system. NFPA 25, Standard for</p>		K 0353	<p>achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- By what date the systemic changes will be completed</p> <p>o 9/28/17</p> <p>- Facility requests desk review in lieu of revisit</p> <p>Preparation and /or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies.</p>		09/12/2017	

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	<p>the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is 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 in the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/29/17 at 11:47 a.m. with the Maintenance Director present, there was documentation available from Safe Care that quarterly sprinkler inspections were performed on 09/06/16, 12/13/16, 03/18/17, and 06/29/17. Monthly wet sprinkler system gauge inspection documentation for 8 months of the most recent 12 month</p>		<p>This plan of correction is prepared and/or executed solely because required.</p> <p>K 353 Sprinkler System – Maintenance and Testing</p> <p>- What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>O Although there was not sprinkler system gauge and system control valve inspection documentation, facility was doing a monthly visual test.</p> <p>O Going forward facility will use a sprinkler system gauge and system control valve inspection log</p> <p>- How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be take;</p> <p>O Although there was not sprinkler system gauge and system control valve inspection documentation, facility was doing a monthly visual test.</p>				

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	<p>period was not available for review. In addition, monthly inspection documentation for all sprinkler system control valves for 8 months of the most recent 12 month period was also not available for review. Based on interview at the time of record review, the Maintenance Director indicated the facility performs regular visual sprinkler system inspections but does not document sprinkler system gauge and system control valves inspections and acknowledged sprinkler system gauge and control valve inspection documentation for the aforementioned monthly periods was not available for review. Based on observation with the Maintenance Director during a tour of the facility at 12:30 p.m. the facility has two wet pressure gauges at the sprinkler riser.</p> <p>3.1-19(b)</p>			<p><input type="checkbox"/> Going forward facility will use a sprinkler system gauge and system control valve inspection log</p> <p>- What measures will be into place or what systemic changes will be made to ensure that the deficient practice does not occur;</p> <p><input type="checkbox"/> A Monthly Sprinkler Riser Inspection Log was put into place</p> <p><input type="checkbox"/> Maintenance Director will use log monthly to track</p> <p><input type="checkbox"/> Maintenance Director will be educated and In-serviced on 9/12/17</p> <p>- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p><input type="checkbox"/> Administrator/designee will review sprinkler system gauge and system control valve inspection log monthly for six months until compliance is maintained for two consecutive quarters.</p> <p><input type="checkbox"/> The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action</p>			

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K 0712 SS=C Bldg. 01	<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 ensure fire drills were held at varied times for 2 of 3 employee shifts during 4 of 4 quarters.</p>		K 0712	<p>plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- By what date the systemic changes will be completed</p> <p>o 9/28/17</p> <p>- Facility requests desk review in lieu of revisit</p> <p>Preparation and /or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies.</p>		09/12/2017	

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	<p>This deficient practice could affect all patients in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 08/29/17 at 10:42 a.m. with the Maintenance Director present, the following was noted:</p> <p>a. Four of four, first shift (day) fire drills were performed between 9:30 a.m. and 10:30 a.m.</p> <p>b. Three of four, second shift (evening) fire drills were performed between 7:50 p.m. and 8:25 p.m.</p> <p>During an interview at the time of record review, the Maintenance Director acknowledged the times the first and second shift fire drills were performed and agreed the times were not varied enough.</p> <p>3.1-19(b)</p>				<p>This plan of correction is prepared and/or executed solely because required.</p> <p>K 712 Fire Drills</p> <p>- What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>O Fire Drills will be completed at varied times for all shifts</p> <p>- How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>O Fire drills will be completed at varied times on all shifts</p> <p>- What measures will be into place or what systemic changes will be made to ensure that the deficient practice does not occur;</p> <p>O Fire drills will be completed at varied times on all shifts</p>		



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				<p><input type="radio"/> Maintenance Director will be educated and In-serviced on 9/12/17</p> <p>- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p><input type="radio"/> Administrator will review month in QA MEETINGS that first and second shift fire drills are varied. Administrator/designee will review Fire Drill log monthly for six months until compliance is maintained for two consecutive quarters.</p> <p><input type="radio"/> The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- By what date the systemic changes will be completed</p> <p><input type="radio"/> 9/28/17</p>			

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