

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2021</b>
NAME OF PROVIDER OR SUPPLIER <b>VALPARAISO CARE &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>606 WALL STREET</b> <b>VALPARAISO, IN 46383</b>		
(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 06/29/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 08/19/21</p> <p>Facility Number: 000083 Provider Number: 155166 AIM Number: 100289670</p> <p>At this PSR survey, Valparaiso Care &amp; Rehabilitation was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(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 smoke detection in the corridors, in spaces open to the corridors and battery-operated smoke detectors in resident sleeping rooms. The facility maintains a ventilator unit, and the building is fully protected by a 400-kW diesel-powered generator. The facility has a capacity of 164 and had a census of 131 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two detached garages and one shed that is being used for facility storage.</p>	K 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or of any violation of regulation. Due to the relative low scope and severity of this survey the facility respectfully requests a desk review.</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0353 SS=C Bldg. 01	<p>Quality Review completed on 08/23/21</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>_____</p> <p>b) Who provided system test</p> <p>_____</p> <p>c) Water system supply source</p> <p>_____</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 observation, and interview; the facility failed to ensure 8 of 8 sprinkler heads located in the main kitchen area were not covered in grease and dirt and were replaced or cleaned in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011</p> <p>Edition, Section 5.2.1.1.1 states sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced:</p> <p>(1) Leakage</p> <p>(2) Corrosion</p>	K 0353	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Kitchen sprinkler heads have been approved and ordered through IEI.</p> <p>Kitchen sprinkler heads will be replaced when parts come in.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</p> <p>No residents have potential to be affected by alleged deficient</p>	09/20/2021

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	<p>(3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer.</p> <p>In lieu of replacing sprinklers that are loaded with dust, it is permitted to clean sprinklers with compressed air or by a vacuum provided that the equipment does not touch the sprinkler.</p> <p>This deficient practice could affect 4 kitchen staff.</p> <p>Findings include:</p> <p>Based on observations made on 08/19/21 at 11:45 a.m. during a tour of the facility with the Maintenance Director, the eight sprinkler heads located in the main kitchen had not been replaced. Based on an interview at the time of the observation, the Maintenance Director agreed that the eight sprinkler heads had not yet been replaced and explained that the vendor has had some difficulty getting the sprinkler heads as they are on back-order at the manufacturer. He did provide paperwork from the vendor showing the following:</p> <p>a) a Purchase Agreement between the facility and the vendor dated 07/05/21. b) an approved and signed off Capital Expenditure Request dated 07/06/21. c) a letter from the vendor's Job Coordinator stating that the work was scheduled to be done the week of August 9th through the August 14th. d) a letter from the vendor's General Manager stating that the sprinkler heads were ordered on July 7th, 2021, and that they are still awaiting the arrival of the sprinkler heads as they are now on back-order.</p> <p>During the exit conference with the facility</p>		<p>practice due to location in the kitchen.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Maintenance Director will be in-serviced on required conditions of sprinkler heads. Maintenance Director/designee will audit sprinkler heads throughout the facility to ensure they are in compliance.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: To ensure ongoing compliance with this corrective action, the Maintenance Director/designee will conduct monthly audits of sprinkler heads throughout the facility. Findings will be submitted to the QAPI committee monthly for review and follow up. If threshold of 90% is not met, an action plan will be developed.</p>	

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

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	Executive Director at 11:52 a.m., no additional information or evidence could be provided contrary to this deficient finding.  3.1-19(b)			