

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

PRINTED: 08/25/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155765		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/04/2020	
NAME OF PROVIDER OR SUPPLIER  SOUTHERN INDIANA REHABILITATION HOSPITAL - SNF				STREET ADDRESS, CITY, STATE, ZIP COD 3104 BLACKISTON BLVD - PROGRESSIVE CARE UNIT NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 08/04/20</p> <p>Facility Number: 005649 Provider Number: 155765 AIM Number: NA</p> <p>At this Emergency Preparedness survey, Southern Indiana Rehab Hospital-PCU was found in compliance with Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 22 certified beds, with a current census of 10, furthermore, the entire facility has a total capacity of 60 with a census of 35 at the time of this survey.</p> <p>Quality Review completed on 08/07/20</p>			E 0000			
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 483.90(a).</p> <p>Survey Date: 08/04/20</p> <p>Facility Number: 005649 Provider Number: 155765 AIM Number: NA</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 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 disclosable 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=E Bldg. 01	<p>At this Life Safety Code survey, Southern Indiana Rehab Hospital-PCU was found not in compliance with Requirements for Participation in Medicare, 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 hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility does not have a two hour fire separation between the certified portion of the facility and other portions of the building so the entire facility was surveyed. The facility has a capacity of 22 with a census of 10 in the certified area, furthermore, the entire facility has a total capacity of 60 with a census of 35 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 one metal building building used for facility storage.</p> <p>Quality Review completed on 08/07/20</p> <p>NFPA 101 Sprinkler System - Installation Spinkler 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.</p>						

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	<p>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.</p> <p>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> <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 provide an automatic sprinkler system that provided complete coverage in 1 of 5 smoke compartments. This deficient practice could affect at least 10 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/04/20 at 12:12 p.m. during a tour of the facility with the Administrator and Director of Plant Operations, the oxygen transfilling room/storage room was a former shower. There were five liquid oxygen tanks stored in the old shower stall, and there was no sprinkler coverage within the stall. There was only one sprinkler head within the room, and because the of the location of the liquid oxygen tanks within the old shower stall there would be no sprinkler coverage for the tanks. Based on interview at the time of observation, the Administrator and Director of Plant Operations acknowledged there was no sprinkler coverage for the five liquid oxygen tanks within the shower stall.</p> <p>This finding was reviewed with the Administrator</p>			K 0351	<ul style="list-style-type: none"> <li>Brown Sprinkler Corporation was contacted to install an additional sprinkler head to cover the stall where oxygen tanks are stored. This was installed on 8/19/20.</li> <li>A building audit will be completed by the Director of Plant and Administrator in attempt to identify other areas that may not have sprinkler coverage.</li> </ul>		08/21/2020

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K 0500 SS=F Bldg. 01	<p>and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Based on observation and interview, the facility failed to ensure 5 of 5 fuel-fired water heaters/boilers had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/04/20 between 11:30 a.m. and 1:00 p.m. during a tour of the facility with the Administrator and Director of Plant Operations, all five fuel-fired water heaters/boilers in the facility had certificates with expiration dates of 08/16/19. Based on interview at the time of observations, the Director of Plant Operations confirmed the expiration dates of the five fuel-fired water heaters/boilers and said he did not think they had been inspected since the time of the expiration dates on the certificates.</p>			K 0500	<ul style="list-style-type: none"> <li>It was discovered that the facility insurance carrier is typically who completes the inspections. With ownership change in 2018, insurance changed as well. Insurance carrier has been notified and will complete the inspections.</li> <li>A building tour and audit will be completed by the Director of Plant and Administrator in attempt to identify any other expired plant operations inspections or certificates.</li> </ul>		09/03/2020

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	This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.  3.1-19(b)						