

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155632	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/19/2015
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NAME OF PROVIDER OR SUPPLIER  LODGE OF THE WABASH	STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD VINCENNES, IN 47591
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K 000  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: 02/19/15</p> <p>Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lodge of the Wabash was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, areas open to the corridors, and all resident sleeping</p>	K 000	<p>Preparation and execution of the Plan of Correction for the Life Safety Code Recertification survey of February 19, 2105 does not constitute admission of agreement by this provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely because it is required by the Federal and State law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of it's residents; nor are they of such character as to limit this provider's capacity to render adequate patient care. This Plan of Correction serves as the facility's written Credible Allegation that it will be in substantial compliance on or before March 6, 2014.</p>	
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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 062 SS=B Bldg. 01	<p>rooms. The facility has a certified capacity of 70 and had a census of 55 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 a garage used as a maintenance shop and for facility storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure only one type of sprinkler head, i.e., quick response or standard sprinklers was installed in a compartmented space in 1 of 6 smoke compartments. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light</p>	K 062	The facility does have the required automatic sprinkler systems that are maintained and in reliable working conditions. The maintenance director and HFA inspected the facility to ensure all sprinkler heads are in proper working order. The sprinkler head in the laundry designated by this survey was replaced on February	03/06/2015

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K 143 SS=E Bldg. 01	<p>hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect mostly laundry staff.</p> <p>Findings include:</p> <p>Based on observation on 02/19/15 at 12:05 p.m. during a tour of the facility with Maintenance Supervisor, the laundry room had a mixture of two quick response sprinkler heads with six standard response sprinkler heads. This was acknowledged by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association.</p>		24, 2015. The maintenance supervisor will monitor through weekly rounds and during quarterly inspections by contractor for compliance. Any adverse findings will be reviewed through the monthly safety committee and through QAPI by the HFA.		

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	<p>8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transferring takes place, was provided with properly working mechanical ventilation. This deficient practice could affect any number of residents, as well as staff and visitors while in the central corridor area.</p> <p>Findings include:</p> <p>Based on observation on 02/19/15 at 11:50 a.m. during a tour of the facility with the Maintenance Supervisor, the oxygen storage/transfer room had three large liquid oxygen tanks. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. A tissue was placed at the vent and there was no suction. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>	K 143	<p>The facility does have a designated area for transferring oxygen. The ventilation fan was replaced on March 5, 2015. To monitor for compliance, the maintenance supervisor will check the vent fan weekly and document on log. To ensure continued compliance, the preventative maintenance logs will be reviewed by the HFA at the monthly safety committee meetings. Any adverse findings will be discussed at the facility QAPI meetings.</p>	03/06/2015			