

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155462	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2013
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NAME OF PROVIDER OR SUPPLIER  SWISS VILLA NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1023 W MAIN ST VEVAY, IN 47043
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K0000	<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: 02/11/13</p> <p>Facility Number: 000494 Provider Number: 155462 AIM Number: 100291450</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Swiss Villa Nursing and Rehabilitation 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 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in</p>	K0000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</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 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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	<p>resident sleeping rooms. The facility has a capacity of 81 and had a census of 58 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached walk in cooler and detached walk in freezer, and a detached forty foot by twelve foot wooden storage building.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/13/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0062 SS=E	<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 replace 2 corroded sprinklers of over 300 sprinklers in the facility. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 35 residents who use the main dining room, located adjacent to the Service Hall where the dining room furnace room and dietary manager office are located.</p> <p>Findings include:</p> <p>Based on observations during a tour of the Service Hall and main dining room on 02/11/13 from 10:40 a.m. to 11:50 a.m. with the administrator, the main dining room furnace room and the dietary manager office each had a sprinkler covered in green corrosion. This was</p>	K0062	<p>K062A one time audit has been completed for the building reviewing sprinkler heads. New sprinkler heads have been ordered. On 2-27-13 these heads are scheduled to be installed. The Maintenance staff have been re-educated to review the sprinkler heads for corrosion. Sprinkler heads will be audited by the Maint. Dir. on a monthly basis for corrosion. The audit will be reviewed by the Adm. Results will be presented to the Quality Performance Committee on a monthly basis for 3 months, then quarterly for 12 months. Any further action will be as determined by the QPI Committee. Compliance will be 3-13-13</p>	03/13/2013			

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	verified by the administrator at the time of observations.  3.1-19(b)			

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K0143 SS=E	<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. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage/transfer locations was provided with mechanical ventilation. This deficient practice could affect 25 residents who reside on 100 Hall, 200 Hall, and 300 Hall and use the center nurses station.</p> <p>Findings include:</p> <p>Based on observation with the administrator on 02/11/13 at 1:10 p.m., the center nurses' station oxygen storage room, where six full liquid oxygen containers were stored had a ceiling fan located in the center of the ceiling. Furthermore, the ceiling fan was not operational and the electrical connection for the fan was unplugged. Based on an</p>	K0143	K143The motorized electric vent/exhaust has had preventive maintenance performmed. The electric has been reconnected and a new vent cover has been installed. The Maintenance staff have been re-educated to review the electric connection weekly to ensure the vent/exhaust fan is running properly. The vent/exhaust motor has been placed on a weekly safety check by the Maint. Dir. for proper operation. Results of the weekly safety check will be reviewed weekly by the Adm.. The results of this safety check will be reviewed by the Quality Performance Committee monthly for 3 months, then quarterly for 12 months. Any further action will be as determined by the QPI committee.Compliance will be	03/13/2013			

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	interview with the administrator on 02/11/13 at 1:10 p.m., the liquid oxygen storage room is used for the storage of liquid oxygen and used as a transferring location by the nursing staff. The administrator verified the ceiling fan in the oxygen storage/transfilling room was not working at the time of observation.  3.1-19(b)		3-13-13		