

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155725	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2015
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE HEALTH CENTER AND ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 LINDBERG RD WEST LAFAYETTE, IN 47906
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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: 08/12/15</p> <p>Facility Number: 003673 Provider Number: 155725 AIM Number: 200450890</p> <p>At this Life Safety Code survey, University Place Inc. was found not in compliance with Requirements for Participation in 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 located on the first floor on one wing of a two story building was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors with battery powered smoke detectors in all resident sleeping rooms. The facility has a</p>	K 0000	<p>University Place ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. This POC should not be construed as an admission of any all alleged deficiency cited. The Provider submits the POC with the intention that it be inadmissible by any third party in any civil or criminal against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the provider determines that the disputed findings,(1)are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS") the State of Indiana or any other entity; or (2) to serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 and the federal Rules of Evidence and should be inadmissible in any proceedings on that basis.</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 0056 SS=E Bldg. 01	<p>capacity of 30 and had a census of 19 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the overhang located outside the northeast exit.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observations and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 3 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires</p>	K 0056	Architects and Corporate officials were notified of the concern and blue prints were being reviewed for the 13 year history of construction All outdoor canopies were inspected for similar concerns Certified Fire Protection Specialist(Brenneco) was notified and a quote will be provided and acted upon as necessary to correct identified deficiencies.	08/28/2015			

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K 0144 SS=F Bldg. 01	<p>sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 8 residents on Northeast hall as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 08/12/15 at 2:01 p.m. with the Maintenance Supervisor, the Northeast exit next to room # 28 had an entrance overhang constructed of a wood composite material for the ceiling with interior wood construction which connects to the building and extends fifty six inches in width and lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the lack of sprinkler protection by the aforementioned exit overhang and stated it was constructed of wood.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on record review and interview, the facility failed to ensure the offsite fuel</p>	K 0144	The letter of secondary fuel and uninterrupted gas supply remained valid. No need has	08/27/2015			

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	<p>source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1 Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> a) Liquid petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas <p>Exception: For Level 1 installations in locations where the probability of interruption of offsite fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.</p> <p>CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ul style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the 		<p>arisen since the date of the original letter. The date of the letter from the gas supplier was updated to reflect current The letter is maintained by the Plant Operations Director and will be renewed each year or indicate ongoing date.</p>	

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	<p>statement regarding the reliability.</p> <p>3. A statement that there is a low probability of interruption of the natural gas.</p> <p>4. A brief description that supports the statement regarding the low probability of interruption,</p> <p>5. The signature of a technical person from the natural gas provider.</p> <p>This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on generator log record review on 08/12/15 at 4:02 p.m., with the Maintenance Supervisor the facility did have a letter from their natural gas supplier dated 2008, but it did not address issues one through four. Based on interview on 08/12/15 at 4:03 p.m. with the Maintenance Supervisor it was acknowledged no other documentation could be provided to support any of the five requirements stated above from the natural gas vendor.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12</p>			

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	<p>of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 08/12/15 at 3:56 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was documented to be greater than ten seconds. Based on interview on 08/12/15 at 3:57 p.m. with the Maintenance Supervisor it was acknowledged the facility was unaware the time to transfer load was required to be less than ten seconds.</p> <p>3.1-19(b)</p>			

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K 0154 SS=F Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to protect 19 of 19 residents by providing a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for more than 4 hours in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-2 requires an appointed sprinkler impairment coordinator. NFPA 25, 11-5 requires a preplanned program to include evacuation or an approved fire watch and 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified and 11-5(f) requires notification of supervisors in the area in</p>	K 0154	The sprinkling policy was more restrictive providing fire watch for malfunction of the system or monitor beginning after the first hour. No occurrences of need were recorded for utility or monitor disruption for longer than four hours. Policy and procedures were updated to reflect all notifications for disruption as well as notification of repair for fire sprinkler or fire monitor malfunction lasting more than four hours.	08/24/2015
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K 0155 SS=F Bldg. 01	<p>addition to those already mentioned and lastly 11-7 requires notification of everyone again when the system is restored. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on Fire watch policy review on 08/12/15 at 4:25 p.m., with the Maintenance Supervisor the facility did have a written policy and procedure for an impaired sprinkler system available for review, but it did not address notifying the Insurance Carrier, Owner/Operator and Supervisors and then notify all six entities again once the sprinkler system has been restored to normal. Based on interview on 08/12/15 at 4:26 p.m. with the Maintenance Supervisor, it was acknowledged the fire watch policy did not include notifying the aforementioned entities and once again when the sprinkler system had been restored to normal operation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour</p>			

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	<p>period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written fire watch policy in the event the fire alarm system is out of service for more than 4 hours in a 24 hour period for the protection of 19 of 19 residents. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on Fire Alarm record review on 08/12/15 at 4:37 p.m., with the</p>	K 0155	The sprinkling policy was more restrictive providing fire watch for malfunction of the system or monitor beginning after the first hour. No occurrences of need were recorded for utility or monitor disruption for longer than four hours Policy and procedures were updated to reflect all notifications for disruption as well as notification of repair for fire sprinkler or fire monitor malfunction lasting more than four hours. Fire watch policy was updated to reflect the four hour rule along with notifications as required.	08/25/2015

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	<p>Maintenance Supervisor, the facility did have a written policy and procedure for an impaired fire protection system available for review, but it did not address notifying the Insurance carrier, Owner/Operator and Supervisors and then notifying everyone again when the system is restored. In addition, the policy did not specify a fire watch would commence after the fire alarm system has been impaired for "more than 4 hours in a 24 hour period".</p> <p>Based on interview on 08/12/15 at 4:38 p.m. with the Maintenance Supervisor, it was acknowledged the fire watch policy did not include a complete list of entities to notify and subsequently notifying all entities again once the system had been restored nor did it include "more than 4 hours in a 24 hour period".</p> <p>3.1-19(b)</p>			