

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155631	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER WHITE RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3710 KENNY SIMPSON LN BEDFORD, IN 47421
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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: 01/21/16</p> <p>Facility Number: 001153 Provider Number: 155631 AIM Number: 200155900</p> <p>At this Life Safety Code survey, White River Lodge 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 (111) construction and was fully sprinklered. The entire facility was surveyed since a two hour fire barrier does not separate the assisted living area in the 100 Hall from the adjacent comprehensive care area. The facility has a fire alarm system with smoke detection in the corridors, all areas open</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 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 0052 SS=F Bldg. 01	<p>to the corridor and in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 49 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 for one detached garage providing storage services.</p> <p>Quality Review completed on 01/27/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure documentation of annual functional testing for all facility smoke detectors was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors are tested annually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0052	Preparation and execution of the plan of correction for the survey 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 and executed 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 its residents; nor are they of such character as to	02/28/2016			

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K 0154 SS=C Bldg. 01	<p>Based on review of Superior Systems & Supply "Periodic Fire Alarm Inspection and Testing Report" documentation dated 10/06/15 with the Administrator and the Maintenance Director during record review from 9:15 a.m. to 10:35 a.m. on 01/21/16, it could not be assured all facility smoke detectors were documented as being functional tested annually. The aforementioned documentation stated there are a total of 105 smoke detectors installed in the facility 28 of which were tested and passed annual functional testing on 10/06/15. Based on interview at the time of record review, the Administrator and the Maintenance Director stated additional smoke detector testing documentation within the most recent twelve month period was not available for review and acknowledged it could not be assured all facility smoke detectors were documented as being functional tested annually.</p> <p>3-1.19(b)</p> <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</p>		<p>limit the provider's capacity to render adequate resident care. This plan of correction serves as the facility's written credible allegation that it will be insubstantial compliance on or before February 28, 2014.</p> <p>K 052 The facility does ensure fire alarm system is in place, tested and maintained. The identified documentation for functional testing of all smoke detectors has been updated / completed.</p> <p>The facility Maintenance Director has been reeducated on documentation requirements for smoke detector annual testing. The facility administrator will annually audit all documentation of smoke detector annual testing to ensure timeliness and completeness of testing. Any negative findings will be reported to the facility Quality Assurance Committee. Any negative findings from the audits will be reported to the facility Quality Assurance and Performance Improvement (QAPI) committee meeting monthly.</p>	

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	<p>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 provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 49 of 49 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Policy and Procedure: Fire Alarm System or Sprinkler System Failure - Fire Watch" documentation with the Administrator and the Maintenance Director during record review from 9:15 a.m. to 10:35 a.m. on 01/21/16, the written fire watch policy for the facility in the event the automatic sprinkler system has to be</p>	K 0154	K 154 The facility does have in place a written fire policy and procedure that identifies use of fire watch program in the instance of automatic sprinkler system is out of service for more than 4 hours in a 24-hour period to ensure all parties are protected during shutdown or until the sprinkler systems has been returned to service. The facility Fire Policy and Procedure will be reviewed to ensure all required items per K154 are included and make amendments as indicated. The Administrator will report any amendments to the facility Quality Assurance Committee.	02/28/2016			

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K 0155 SS=C Bldg. 01	<p>placed out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is an authority having jurisdiction. In addition, the written fire watch policy also did not include notification of the insurance carrier and the building owner. Based on interview at the time of record review, the Administrator acknowledged the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the aforementioned three entities.</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 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 policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in</p>	K 0155	<p>K 155 The facility does have a written policy and procedure that identifies the use of fire watch program in the instance of automatic sprinklersystem is out of service for more than 4 hours in a 24-hour period to ensure all parties are</p>	02/28/2016			

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	<p>accordance with LSC, Section 9.6.1.8 in order to protect 49 of 49 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Policy and Procedure: Fire Alarm System or Sprinkler System Failure - Fire Watch" documentation with the Administrator and the Maintenance Director during record review from 9:15 a.m. to 10:35 a.m. on 01/21/16, the written fire watch policy for the facility in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is an authority having jurisdiction. Based on interview at the time of record review, the Administrator acknowledged the written fire watch policy for the facility in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period did not include notification of ISDH.</p> <p>3.1-19(b)</p>		<p>protected during shutdown until the sprinkler systems has been returned to service.</p> <p>The facility Fire Policy and Procedure will be reviewed to ensure all required items per K155 are included and make amendments as indicated.</p> <p>The Administrator will report any amendments to the facility Quality Assurance Committee.</p>		