

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155801	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 305 E NORTH ST BOONVILLE, IN 47601
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
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: 09/17/15</p> <p>Facility Number: 000450 Provider Number: 155801 AIM Number: 100273890</p> <p>At this Life Safety Code survey, Transcendent Healthcare of Boonville North was found in substantial 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 and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 56</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 0144 SS=C Bldg. 01	<p>and had a census of 52 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.</p> <p>Quality Review completed on 09/18/15 - DA</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 1 of 1 emergency generators was inspected and exercised in accordance with NFPA 99. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Emergency Generator monthly testing log on 09/17/15 at 10:00 a.m. with the</p>	K 0144	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request the plan of correction be considered our allegation of compliance effective (date) to the state findings of the Life Safety Code Recertification and State Licensure Survey conducted on September 17, 2015.</p> <p>K 144</p> <p>1). The corrective action taken for those residents found to be affected by the deficient practice is that</p>	09/28/2015

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	<p>Maintenance Director present, the generator log form documented the generator was tested monthly for 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test. During an interview at the time of record review, the Maintenance Director confirmed the monthly generator log did not include documentation of a cool down time being recorded.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating temperature conditions or at not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 110, 6-4.2.2 Diesel-powered EPS installations that do not meet the</p>		<p>all residents have the potential to be affected. The facility is now checking and documenting monthly the generator's cool down time following its load test on the Emergency Generator Manual Load Test Log.</p> <p>2). The corrective action taken for those residents found to be affected by the deficient practice is that all residents have the potential to be affected by this deficient practice. The facility is now checking and documenting that the emergency generator that provides power to the emergency lighting system is exercised under operating temperature conditions or at not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating monthly for a minimum of 30 minutes.</p> <p>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that the facility has revised the log for the Emergency Generator Manual Load Test. The log now includes that the facility's generator is being inspected weekly and that the generator is exercised under load for 30 minutes each month. There is also documentation included to reflect the cool down times following the generator's monthly load test. The log also includes documentation that the generator was exercised under operating temperature conditions or</p>	

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	<p>requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Emergency Generator monthly testing log on 09/17/15 at 10:00 a.m. with the Maintenance Director present, the generator log form documented this natural gas with LP backup fueled generator was tested monthly under load, however, the documentation did not show the generator was exercised under operating temperature conditions or did not document the percentage of load at which the generator was exercised during the past twelve months. This was acknowledged by the Maintenance Director at the time of record review.</p>		<p>at not less than 30 % of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes each month.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that the facility has conducted a mandatory in-service for the maintenance department staff on the changes to the emergency generator log and their responsibility in the completion of the log weekly. <i>The corrective action will be monitored to ensure the deficient practice will not recur through the quality assurance program by the submission of the completed Emergency Generator Manual Load Test log to the Executive Director for review at the facility's Quarterly Quality Assurance meeting. Additional action will be implemented as deemed warranted by the Quality Assurance Committee. This will be an on-going process.</i></p>		

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

PRINTED: 10/01/2015
FORM APPROVED
OMB NO. 0938-0391

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	3.1-19(b)				