

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155234	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2014
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NAME OF PROVIDER OR SUPPLIER WESTRIDGE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 125 W MARGARET AVE TERRE HAUTE, IN 47802
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K010000	<p>An investigation of Complaint Number IN00155066 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Complaint Number IN00155066 Substantiated, Federal/State deficiencies related to the allegation are cited at K-25, K-51, K-68, K-130, and K-144</p> <p>Date of Survey: 09/08/14</p> <p>Facility Number: 000139 Provider Number: 155234 AIM Number: 100266410</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>Census: 54</p> <p>At this Complaint survey, Westridge Health Care 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>	K010000	Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under State and Federal law. Please accept this plan of correction as our credible allegation of compliance.	
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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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K010025 SS=D	<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 66 and had a census of 54 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a laundry building.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 09/12/14.</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 Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air</p>						

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	<p>conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barrier in the laundry building provided at least a 30 minute fire resistance rating. LSC 8.3.2 requires smoke barriers to extend from an outside wall to an outside wall. This deficient practice could affect mostly laundry staff.</p> <p>Findings include:</p> <p>Based on observation on 09/09/14 at 12:05 p.m. during a tour of the laundry building with the Maintenance Director, the drop ceiling in the room behind the dryers was missing a ceiling tile. Based on interview at the time of observation, the Maintenance Director acknowledged the missing ceiling tile in the room behind the dryers.</p> <p>3.1-19(b)</p>	K010025	<p>The missing ceiling tile was replaced in the drop ceiling in the room behind the dryers on 09/09/14. All areas of the ceiling were also inspected to ensure all ceiling tiles were in place.</p> <p>Maintenance and Housekeeping Supervisor will monitor ceiling tile placement during routine rounds and monitoring will be added to Routine Preventative Maintenance. Any missing ceiling tile will be immediately reported to Maintenance for repair.</p> <p>Maintenance will add an audit to monitor the placement of ceiling tile during weekly routine preventative maintenance to identify and replace any missing ceiling tiles.</p> <p>Maintenance will inspect ceiling tile in the laundry room to ensure proper placement; Weekly for the next 90 days then Monthly thereafter. Any non-compliance will be reported and immediately corrected. All audits</p>	09/10/2014

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K010051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall be accessible only to authorized personnel. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p>	K010051	<p>will be discussed at the next Quality Assurance Committee meeting.</p> <p>A new lock set was installed on the breaker box that contained the fire alarm system circuit breaker located in the north hall on 09/10/2014. Maintenance will house the key as authorized personnel.</p> <p>Maintenance will monitor the proper locked position of the breaker box during normal routine rounds to ensure the</p>	09/10/2014

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K010068 SS=D	<p>Based on observation on 09/09/14 at 12:45 p.m. during a tour of the facility with the Maintenance Director, the breaker box which contained the fire alarm system circuit breaker located in the north hall was kept unlocked. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 Based on observation and interview, the facility failed to ensure air for combustion was taken from and discharged to the outside air from 1 of 1 laundry dryer rooms in the laundry building where gas fuel fired dryers were located. This deficient practice could affect mostly laundry staff.</p>	K010068	<p>breaker box remains locked at all times.</p> <p>Maintenance will add an audit to monitor the proper locking position of the breaker box for the fire alarm system during weekly routine preventative maintenance rounds.</p> <p>Maintenance will monitor the proper locking position of the breaker box for the fire alarm system: Weekly for the next 90 days then Monthly thereafter. Any non-compliance will be reported and immediately corrected. All audits will be discussed at the next Quality Assurance Committee meeting.</p> <p>The exhaust duct of the middle dryer was replaced and repaired on 09/10/2014.</p> <p>All exhaust dryer ducts were inspected for repair needs. No others were noted. Maintenance will monitor</p>	09/10/2014

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K010130 SS=D	<p>Findings Include:</p> <p>Based on observation on 09/09/14 at 12:05 p.m. during a tour of the laundry building with the Maintenance Director, the room behind the dryers had an exhaust duct from the middle dryer that was pulled off the dryer and damaged while the exhaust air from the dryer heated the space behind the dryers. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 1 laundry area dryer room was free of lint. NFPA 101 at 19.1.1.3 states all health care facilities shall be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect mostly laundry staff.</p>	K010130	<p>proper placement and condition of all dryer ducts during preventative maintenance rounds.</p> <p>Maintenance will audit placement and condition of dryer ducts during weekly routine preventative maintenance rounds. Any deficits will be immediately corrected.</p> <p>Maintenance will monitor placement and condition of the dryer ducts: Weekly for the next 90 days then Monthly thereafter. Any non-compliance will be reported and immediately corrected. All audits will be discussed at the next Quality Assurance Committee meeting</p> <p>The floors, walls, ceiling and dryers were cleared of dryer lint.</p> <p>Maintenance will inspect any dryer lint from the floors, walls and ceiling weekly as part of the Preventative Maintenance Program.</p> <p>Maintenance will audit and routinely</p>	09/10/2014			

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K010144 SS=F	<p>Findings include:</p> <p>Based on observation on 09/08/14 at 12:05 p.m. during a tour of the laundry building with the Maintenance Director, the floor, walls, ceiling and dryers in the room behind the dryers in the laundry building were covered with dryer lint. Based on interview at the time of observation, the Maintenance Director acknowledged there was a large amount dryer lint within the room behind the dryers.</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 observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a</p>	K010144	<p>clean dryer lint from the floors, walls, and ceiling weekly during routine preventative maintenance rounds. Any deficits will be immediately corrected.</p> <p>Maintenance will monitor dryer lint of the walls, floors and ceiling: Weekly for the next 90 days then Monthly thereafter. Any non-compliance will be reported and immediately corrected. All audits will be discussed at the next Quality Assurance Committee meeting.</p> <p>The remote shut off device for the generator was relocated to the East nurse's station and is now functional. The cover has also been labeled as "Emergency Shut Off Generator".</p> <p>Maintenance will audit the shut off button by activating an emergency stop during monthly testing.</p> <p>Maintenance will audit and monitor the shut off button during monthly</p>	09/10/2014			

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	<p>regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all occupants in the facility .</p>		<p>generator testing. Findings will be documented on the generator test sheets. Any malfunction of the shut off button will be corrected immediately.</p> <p>Results of the remote shut off device will be documented and monitored; Monthly during generator testing. Any non-compliance will be reported and immediately corrected. All audits will be discussed at the next Quality Assurance Committee meeting.</p>	

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	<p>Findings include:</p> <p>Based on observations on 09/09/14 between 11:45 a.m. and 1:15 p.m. during a tour of the facility with the Maintenance Director, there was no remote alarm annunciator for the emergency generator in a location readily observed by operating personnel at a regular work station such as a nurses' station. This was verified by the Maintenance Director at the time of observations.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a properly working remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of</p>			
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	<p>Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observation on 09/09/14 at 11:50 a.m. during a tour of the facility with the Maintenance Director, a remote shut off device for the generator was found at the north nurses' station. When tested with the generator running the remote shut off button did not shut off the generator. Based on interview at the time of observation, the Maintenance Director acknowledged the generator did not shut off when the remote shut off button was pushed.</p> <p>3.1-19(b)</p>				