| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155632 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | (X3) DATE SURVEY COMPLETED 11/29/2012 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LODGE OF THE WABASH | 723 E RAMSEY RD<br>VINCENNES, IN 47591 |

| (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 |
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| K0000 | A Life Safety Code Recertification, State Licensure Survey, and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 11/29/12<br><br>Facility Number: 001138<br>Provider Number: 155632<br>AIM Number: 200157070<br><br>Surveyor: Lex Brashear, Life Safety Code Specialist<br><br>At this Life Safety Code and Quality Assurance Walk-thru survey, Lodge of the Wabash 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. | K0000 | K0000Preparation and execution of the Plan of Correction for the Life Safety Code Recertification survey of November 29, 2012 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 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 it's residents; nor are they of such character as to limit this provider's capacity to render adequate patient care. This Plan of Correction serves as the facility's written Credible Allegation that it will be in substantial compliance on or before December 29, 2012. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | 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, areas open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 117 and had a census of 68 at the time of this survey.<br><br>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.<br><br>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a garage used as a maintenance shop and for facility storage.<br><br>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/04/12.<br><br>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: | | | |

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| K0021 SS=F | NFPA 101<br>LIFE SAFETY CODE STANDARD<br>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:<br><br>a) the required manual fire alarm system;<br><br>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and<br><br>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2<br>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen service metal rolling doors was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect residents as well as staff and visitors while in the dining room which has enough space to seat all 68 residents.<br><br>Findings include:<br><br>Based on observation on 11/29/12 at 10:30 a.m. during a tour of the facility with the Maintenance Supervisor and Maintenance Assistant # 1, the | K0021 | K021It is the practice of the facility to ensure the safety of our residents and visitors.The window that is located between the dining room and kitchen was assessed by an outside vendor. A system that will allow the window to automatically close when the fire system is activated will be installed in December, 2012 by an outside contractor.To ensure compliance, the maintenance supervisor will check window during the required monthly fire drills. Results of the fire drills will be reviewed during the monthly safety committee meetings.To monitor for continued compliance, any negative findings will be reviewed during the monthly Quality Assurance Committee meetings. | 12/29/2012 |

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| | metal rolling service door between the kitchen and dining room was held open with a chain and fusible link which would not allow the door to close automatically when the fire alarm system is actuated. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the metal roller door between the kitchen and dining room was held open with a chain and fusible link which would not allow the door to close automatically when the fire alarm system was actuated.<br><br>3.1-19(b) | | | |

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| K0046 SS=C | NFPA 101<br>LIFE SAFETY CODE STANDARD<br>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.<br>Based on record review, interview and observation; the facility failed to ensure 1 of 1 battery powered light sets was tested monthly for 30 seconds and annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, as well as staff and visitors in the facility. | K0046 | K0046It is the practice of the facility to perform inspections and documentation of equipment in the facility.The HFA and maintenance supervisor reviewed the protocol for documentation and required information or monitoring battery powered lighting for the generator. The documentation or these tests were performed by the facility on a routine basis, but failed to include detailed information. The documentation form was reviewed to ensure time, date and length of time for battery operated light test was included. The time is to include 30 monthly and 90 minutes annually.To ensure compliance, the documentation log will be reviewed weekly by the HFA to ensure appropriate information is included.To monitor for continued compliance, the findings will be reviewed during the monthly safety committee meeting and any negative findings will be reviewed at the Quality Assurance Committee meeting monthly. | 12/29/2012 |

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| | Findings include:<br><br>Based on review of the Generator Log documentation on 11/29/12 at 10:00 a.m. with the Maintenance Supervisor and Maintenance Assistant # 1 present, there was documentation on the Generator Log form to show the battery back up light set over the generator had been tested monthly, however, there was nothing to indicate the light had been tested for thirty seconds. Furthermore, there was no documentation of a ninety minute annual test within the past twelve months. Based on interview at the time of record review, the Maintenance Supervisor said there was no documentation available to show the battery back up light set over the generator had been tested monthly for thirty seconds or an annual ninety minute test within the past twelve months. Based on observation at 11:00 a.m. on 11/29/12 during a tour of the facility with the Maintenance Supervisor and Maintenance Assistant # 1, the battery back up light set at the generator did light | | | |

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| | up when tested.<br><br>3-1.19(b) | | | |

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| K0050<br>SS=C | NFPA 101<br>LIFE SAFETY CODE STANDARD<br>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2<br>Based on record review and interview, the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company for 32 of 32 drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents in the facility.<br><br>Findings include:<br><br>Based on review of the facility's Fire Drills folder on 11/29/12 at 9:45 a.m. with the Maintenance Supervisor and Maintenance Assistant # 1 present, all 32 documented fire drill reports for | K0050 | K0050It is the practice of the facility to preform monthly routine fire drills.The HFA and maintenance supervisor reviewed the facility practice for completing fire drills and documentation. The facility does complete routine fire drills and documentation, but failed to include detailed documentation.The facility has implemented a new fire drill form that includes the communication from the monitoring company as when the alarm was received. The form was reviewed with maintenance supervisor to ensure compliance with this deficiency.To ensure compliance, the HFA will review the fire drill documentation monthly to ensure information is completed in it's entirety.To monitor for continued compliance, the findings will be reviewed monthly during the Safety Committee meetings and any negative finding will be reported to the Quality Assurance Committee meetings monthly. | 12/21/2012 |

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| | drills conducted since November of 2011 did not include information the monitoring company received the transmission of the fire alarm. During an interview at the time of record review, the Maintenance Supervisor indicated the monitoring company was always contacted before and after a fire drill was conducted during all shifts, but acknowledged the fire drill reports did not include this information.<br><br>3-1.19(b) | | | |

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| K0130<br>SS=E | NFPA 101<br>MISCELLANEOUS<br>OTHER LSC DEFICIENCY NOT ON 2786<br>Based on observation and interview, the facility failed to ensure 4 of 5 fuel fired water heaters had inspection certificates that were current to ensure the water heaters were in safe operating condition. NFPA 101 in 19.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect 23 residents, as well as staff and visitors in the 400 Hall.<br><br>Findings include:<br><br>Based on observation on 11/29/12 at 10:45 a.m. during a tour of the facility with the Maintenance Supervisor and Maintenance Assistant # 1, the inspection certificates located next to the four fuel fired water heaters in the Mechanical Room had expiration dates of 06/17/12. During an interview at the time of observation, the Maintenance Supervisor acknowledged the | K0130 | K0130It is the practice of the facility to maintain inspections for the facility.The HFA and maintenance supervisor reviewed the inspections from prior years. The Indiana Pressure and Boiler System were contacted and an inspection is scheduled for December, 2012.To ensure compliance, the HFA and/or designee will audit inspections quarterly to ensure they are completed timely. The maintenance supervisor will update schedules and contact inspector as needed to ensure timeliness of inspections.To monitor for continued compliance, the inspections will be reviewed monthly during the safety committee meetings. | 12/26/2012 |

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| | expiration dates on the water heater certificates and said he did not think the water heaters had been inspected since the date of expiration.<br><br>3.1-19(b) | | | |

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| K0144 SS=F | NFPA 101<br>LIFE SAFETY CODE STANDARD<br>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.<br>1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for 1 of 1 emergency generators was available for 40 of 52 weeks. NFPA 99, 3-4.4.1.3 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly. NFPA 99, 3-4.4.2 requires a written record of inspection, performance, | K0144 | K0144It is the practice of the facility to complete inspections and tests of equipment in the facility.The HFA and maintenance supervisor reviewed log and documentation. The inspections and tests are completed routinely, but failed to include complete detailed information. The correct procedure for inspections and documentation were reviewed. Per protocol, the testing will be done and documented to show 30 minutes weekly with the day and time documented. The weekly inspections fo the generator are to be listed with the day and time also.To ensure compliance, the HFA will review documentation of the weekly test and inspection. Audits of the reviews will be discussed during the monthly safety committee meetings.To monitor for continued compliance, any negative findings will be reported to the monthly Quality Assurance Committee meeting.The facility will contract with a vendor to repair or provided the required remote annuciator alarm notifications in a regular work station.In order to have the equipment assessed and repairs made, the facility requests that the date to correct this deficiency be extended to | 12/29/2012 |

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| | exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors.<br><br>Findings include:<br><br>Based on review of the facility's Generator Log on 11/29/12 at 9:30 a.m. with the Maintenance Supervisor and Maintenance Assistant # 1 present, there was documentation on the log sheet to show visual inspections of the generators appurtenant components, however, these items were only documented once during each month without identifying which week the items were inspected. The only item documented every week was the start time and stop time of each generator run. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the inspection of all appurtenant components of the generator were not documented every week, but only once a month without identifying which | | January 31, 2012. The generator is in working conditions and does maintain the facility in the event of a power loss. | |

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| | individual week on the Generator Log form.<br><br>3.1-19(b)<br><br>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 conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. 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 | | | |

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| | residents, as well as staff and visitors in the facility.<br><br>Findings include:<br><br>Based on review of the facility's Generator Log on 11/29/12 at 9:30 a.m. with the Maintenance Supervisor and Maintenance Assistant # 1 present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes since November of 2011. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes.<br><br>3.1-19(b) | | | |

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| | 3. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with a properly operating 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 regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:<br>(a) Individual visual signals shall indicate:<br>1. When the emergency or auxiliary power source is operating to supply power to load.<br>2. When the battery charger is malfunctioning.<br>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:<br>1. Low lubricating oil pressure. | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155632 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | (X3) DATE SURVEY COMPLETED 11/29/2012 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER LODGE OF THE WABASH | | STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD VINCENNES, IN 47591 | |

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|---|---|---|---|---|
| | 2. Low water temperature.<br>3. Excessive water temperature.<br>4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply.<br>5. Overcrank (failed to start).<br>6. Overspeed.<br>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 residents, as well as visitors and staff in the facility.<br><br>Findings include:<br><br>Based on observation on 11/29/12 at 11:15 a.m. during a tour of the facility with the Maintenance Supervisor and Maintenance Assistant # 1, there was a remote alarm annunciator for the generator at the Nurses' Station, however, the annunciator panel did not work. None of the | | | |

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|---|---|
| LODGE OF THE WABASH | 723 E RAMSEY RD<br>VINCENNES, IN 47591 |

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|---|---|---|---|---|
| | indicator lights illuminated when tested. During an interview at the time of observation, the Maintenance Supervisor said the generator was not connected to the annunciator panel.<br><br>3.1-19(b) | | | |