

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 01/31/2013
NAME OF PROVIDER OR SUPPLIER LODGE OF THE WABASH			STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD 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	
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure, and Quality Assurance Walk-thru Surveys conducted on 11/29/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/31/13</p> <p>Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this PSR 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.</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</p>	K0000	<p>K0000Preparation and execution of the Plan of Correction for the Life Safety Code post certification survey of January 31, 2012 does not constitute admission of agreement by this provider of the truth of the facts alleged or the conclusions set forth in 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. The facility is requesting a temporary waiver per attached documentation. This Plan of Correction serves as the facility's written Credible Allegation that it will be in substantial compliance on or before May 6, 2013.</p>		

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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	<p>detectors in the corridors, areas open to the corridors, and all resident sleeping rooms. The facility has a capacity of 117 and had a census of 67 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>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.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/07/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0144 SS=F	<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>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:</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 	K0144	<p>K144It is the practice of the facility to maintain equipment to include the generator in working order. The generator for the facility is completely functional and in proper working condition. It does maintain the facility in the event of a power loss. The facility is working with contractors to correct the enunciator panel problems that have been identified to ensure testing of the generator can be done per requirements. The facility has ordered a new generator and enunciator panel. The facility is requesting a temporary waiver of 90 days in order for the vendor to deliver and install the generator and enunciator panel. The facility's current generator and fire alarm panel are in working condition. In the event of a failure, the facility has a fire watch policy in place. Please see attached waiver information.</p>	05/06/2013

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	<p>tank contains less than a 3-hour operating supply.</p> <p>5. Overcrank (failed to start).</p> <p>6. Overspeed.</p> <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 residents, as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/31/13 at 2:50 p.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 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.</p> <p>This deficiency was cited on 11/29/12. The facility failed to implement a systemic plan of correction to prevent</p>						

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	recurrence. 3.1-19(b)			