

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155093	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2016
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NAME OF PROVIDER OR SUPPLIER GIBSON GENERAL HOSPITAL-SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 SHERMAN DR PRINCETON, IN 47670
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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: 03/02/16</p> <p>Facility Number: 000036 Provider Number: 155093 AIM Number: 100269640</p> <p>At this Life Safety Code survey, Gibson General Hospital-SNF 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 facility was located on the fifth floor of a five story building with a basement which was determined to be of Type I (443) 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</p>	K 0000	The SNF requests that the following plan of correction beconsidered its credible allegation of compliance. The SNF respectfully requeststhat a post-certification desk review, rather than a post-certification onsitevisit, occur to verify compliance.	

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>detectors in all resident sleeping rooms. The facility has a capacity of 45 and had a census of 40 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 03/03/16 - 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>Based on record review, observation and interview; the facility failed to ensure documentation for 1 of 1 emergency generators showed a 5 minute cool down period after a load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down.</p>	K 0144	<p>The following corrective steps have been accomplished: The generator test log form has been revised to include a line to record the five minute cool down time at the end of each test run. The maintenance staff that is assigned to perform the generator test has been notified of the log revision and the need to record the cool down time following each generator run test. The log revision was completed on 03/02/2016. Staff were instructed on the revised log form on 03/02/2016.</p> <p>The following plan to monitor is in place: Facility services director (FSD) or designee will monitor the generator test log's completion. Log observation results will be shared with SNF</p>	03/02/2016

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	<p>This time delay shall not be required on small (15 kW or less) air-cooled prime movers. 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 Preventative Maintenance Test on 03/02/16 at 12:00 p.m. with the Facility Services Manager present, the generator log form documented the generator was tested weekly for 35 minutes under load, however, there was no cool down time listed on the form. During an interview at the time of record review, the Facility Services Manager said the generator did have a five minute cool down time at the end of the monthly load test, but, acknowledged the documentation form did not include the cool down time information.</p> <p>3.1-19(b)</p>		<p>Performance Improvement Committee (PIC) by FSD quarterly for at least one year. SNF PIC will monitor and make recommendations as needed to assure compliance</p>		