

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155785	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/01/2013
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NAME OF PROVIDER OR SUPPLIER WEST RIVER HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKHOFF RD EVANSVILLE, IN 47712
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K010000	<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: 04/01/13</p> <p>Facility Number: 012448 Provider Number: 155785 AIM Number: 201039500</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, West River Health Campus 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping</p>	K010000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged, or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by Federal and State law. This plan of correction is submitted in order to respond to the allegations of noncompliance cited during the annual survey review concluding on April 1, 2013. Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before May 1, 2013. We respectfully request a desk review for compliance.</p>	
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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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	<p>rooms. The facility has a capacity of 61 and had a census of 59 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.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/04/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review, interview and observation; the facility failed to provide complete documentation to ensure 4 of 4 battery powered light sets were 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.</p> <p>Findings include:</p> <p>Based on review of preventative maintenance documentation in the Life Safety Inspection book on 04/01/13 at</p>	K010046	The documentation has been provided by our vendor, VanGuard Alarm Services, identifying all emergency lighting testing indicating the "type of light", "type of test" and "results" indicating "pass or fail" to meet ISDH Life-Safety requirements. The 90-minute battery powered lighting test was performed by VanGuard Alarm Services on July 19, 2012. The DPO will ensure the battery powered emergency lighting is tested at 30-day intervals for a minimum of 30 seconds and an annual test for no less than 90 minutes will be conducted prior to July 19, 2013. The DPO or his designee will monitor monthly the required preventative maintenance and documentation> He will report his findings to the QA committee quarterly for recommendations.	04/11/2013			

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	<p>11:55 a.m. with the Director of Plant Operations present, there was documentation to show the four battery back up light sets had been tested monthly, however, the documentation did not show it was a thirty second test, furthermore, the Director of Plant Operations said he was aware the battery light sets had to be tested, but didn't realize for thirty seconds. Also, there was documentation on the Vanguard quarterly report dated 07/19/12 all four battery back up light sets were tested, however, the report did not indicate the test was a ninety minute test. Based on interview at the time of record review, the Director of Plant Operations acknowledged the Vanguard quarterly report dated 07/19/12 did not include documentation the four battery back up light sets were tested for ninety minutes. Based on observations between 12:15 p.m. and 2:30 p.m. during a tour of the facility with the Director of Plant Operations, the four battery back up light sets did light up when tested.</p> <p>3-1.19(b)</p>				

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K010050 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 3 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Life Safety Inspections book on 04/01/13 at 10:45 a.m. with the Director of Plant Operations present, ten of twelve fire drills performed on all three shifts since April of 2012 were performed during the last four days of each month (28th, 29th, 30th and 31st). During an interview at the time of record review, the Director of Plant Operations acknowledged the days of the month fire drills were performed.</p> <p>3-1.19(b)</p>	K010050	<p>There were no residents effected by the alleged deficient practice and through systemic change the campus will ensure fire drills will be held at varied days throughout the month. All residents have the potential to be affected by the alleged deficient practice. A fire drill was held on April 4, 2013 in order to vary days and times throughout the month. The Director of Plant Operations is very responsible for planning and conducting fire drills to assist in the safety of our residents and staff. The Director of Plant Operations assumes responsibility and will assure all future fire drills are held at varying days throughout the month and varying times throughout the day (or shift). The DPO or his designee will monitor monthly the required preventative maintenance and documentation. He will report his findings to the QA committee quarterly for recommendations.</p>	05/01/2013			

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K010144 SS=C	<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 and interview, the facility failed to provide complete documentation for the testing of 2 of 2 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 residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's</p>	K010144	<p>There were no residents effected by the alleged deficient practice and through systemic change the campus will ensure both generators will be loadbank tested for two hours at 100% load. All residents have the potential to be affected by the alleged deficient practice. Both generators are scheduled to be loadbank tested for two hours at 100% load on April 18, 2013. The Director of Plant Operations assumes responsibility and assures this testing will be performed at least annually. The DPO or his designee will monitor monthly for required preventative maintenance and documentation. He will report his findings to the QA committee quarterly for recommendations.</p>	05/01/2013

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	<p>Generator Log in the Life Safety Inspections book on 04/01/13 at 11:15 a.m. with the Director of Plant Operations present, the generator log form documented the generator was tested weekly 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 between April of 2012 through February of 2013. During an interview at the time of record review, the Director of Plant Operations confirmed the weekly generator log between April 2012 through February 2013 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.</p> <p>3.1-19(b)</p>			