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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155775 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 10/26/2015 |
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| NAME OF PROVIDER OR SUPPLIER CUMBERLAND POINTE HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE 1051 CUMBERLAND AVE WEST LAFAYETTE, IN 47906 |
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| 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: 10/26/15</p> <p>Facility Number: 000547 Provider Number: 155775 AIM Number: 100267440</p> <p>At this Life Safety Code survey, Cumberland Pointe Health Campus, 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 facility was determined to be of Type V (111) construction and was fully sprinklered. The certified health care beds in this facility were located on the east and west wings of a one story building. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors</p> | K 0000 | The submission of this POC does not indicate an admission by Cumberland Pointe Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Cumberland Pointe Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial 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 0056 SS=B Bldg. 01 | <p>and battery powered detectors in 19 east wing resident rooms and hard wired smoke detectors in 23 west wing resident rooms. The facility has a capacity of 71 and had a census of 66 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed 10/30/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems. NFPA 13, Section 5-6.3.4, " Minimum Distance between Sprinklers ", states</p> | K 0056 | CORRECTIVE ACTION: The sprinkler contractor has been scheduled to complete corrections of the 2 identified sprinkler heads that are located closer than 6 feet apart. IDENTIFY OTHER RESIDENTS: | 11/25/2015 |

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| K 0143 SS=E Bldg. 01 | <p>sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 7 residents observed in the main dining room on main hall as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/29/15 at 1:59 p.m. with the Maintenance Assistant, two pendant sprinkler heads located in the ceiling of the main dining room next to the south entrance was measured to be four feet, six inches apart. Based on interview concurrent with the observation with Maintenance Assistant and Administrator, it was acknowledged the aforementioned sprinkler heads observed were less than six feet apart.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> | | <p>All sprinkler heads were observed during the tour by the Life Safety Code surveyor. No other residents have the potential to be affected.</p> <p>MEASURES/SYSTEMIC CHANGES: All Plant Operations staff will be in-serviced regarding the need to ensure all sprinkler heads are no closer than six feet per NFPA regulations. Additionally, the Plant Operations staff will measure the distance between all sprinkler heads to ensure no other sprinkler heads are closer than 6' apart.</p> <p>MONITORING CORRECTIVE ACTION: Any physical plant changes that require changes in the sprinkler system will be reviewed by the Director of Plant Operations and the Executive Director prior to changes being made to ensure sprinkler heads are not installed closer than 6 feet per NFPA regulations.</p> | | | | |

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| | <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where liquid oxygen transfer occurs had continuously working electrically powered mechanical ventilation. This deficient practice could affect 28 residents on 300 hall as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on observation on 10/29/15 at 2:06 p.m. with the Maintenance Assistant and Administrator, the oxygen storage room adjacent to 300 hall used to store and transfer liquid oxygen was provided with an electrically powered mechanical vent, but was not operating at the time of observation. Based on interview on 10/29/15 concurrent with the observation it was acknowledged by the Maintenance Assistant and Administrator this room was used to transfer liquid oxygen and the electrically powered vent in the room provided was not working.</p> <p>3.1-19(b)</p> | K 0143 | <p>CORRECTIVE ACTION: The mechanical vent in the oxygen storage room has been repaired and is functioning properly. IDENTIFY OTHER RESIDENTS: No other oxygen storage rooms are used in the campus so no other residents would be identified. MEASURES/SYSTEMIC CHANGES: A weekly inspection will be completed to ensure the mechanical ventilation in the oxygen storage room is operating properly. If found not operating, repairs will be promptly implemented. MONITORING CORRECTIVE ACTION: The Director of Plant Operations will review all weekly inspection reports and report results monthly to the QA committee for 6 months.</p> | 11/13/2015 |

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| K 0144 SS=F Bldg. 01 | <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 record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required</p> | K 0144 | <p>CORRECTIVE ACTION: The service contractor for the emergency generator has performed an annual load test and verified that the generator powered by natural gas performs properly per NFPA and Life Safety Code requirements. A formula for calculating the KW load for the generator tests was provided by the generator service contractor and is now available for utilization. A letter of statement of reliability from Vectren Gas for the reliability of the natural gas supply was on file in the Plant Operations Director's office but was not located during the survey. IDENTIFY OTHER RESIDENTS: All residents were identified in the original finding; no other residents could be identified.</p> <p>MEASURES/SYSTEMIC CHANGES: The campus emergency generator is wired to automatically transfer all functions connected to the emergency generator each time the generator runs weekly. The Plant Operations Director will review the weekly generator test log to</p> | 11/25/2015 | |

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| | <p>testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Generator System Testing records and Maintenance logs on 10/29/15 at 3:34 p.m. with the Maintenance Assistant and Administrator, the amperage during load could not be verified to be at thirty percent of the EPS nameplate rating for the past twelve months and no other method was used to document monthly load. Based on interview on 10/29/15 concurrent with record review with the Maintenance Assistant and Administrator, it was acknowledged the facility had been running the generator monthly but could not demonstrate how 30 percent load was calculated and no other equivalent method was used to comply with percentage of load capacity for the past twelve months.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was from a reliable source. NFPA 110 1999 Edition, Standard for</p> | | <p>ensure the generator continues to function properly and is meeting the load testing requirements per NFPA. The letter of statement of reliability from Vectren Gas has been placed in the Life Safety Code book to ensure it is available for review at all times.</p> <p>MONITORING CORRECTIVE ACTION: The Plant Operations Director will review the weekly generator and load testing logs monthly to ensure the generator is functioning properly. Results of the generator tests will reported monthly to the QA Committee for 6 months.</p> | | |

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| | <p>Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1 Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS):</p> <ul style="list-style-type: none"> a) Liquid petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas <p>Exception: For Level 1 installations in locations where the probability of interruption of off site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.</p> <p>CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ul style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low | | | |
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| | <p>probability of interruption of the natural gas.</p> <p>4. A brief description that supports the statement regarding the low probability of interruption,</p> <p>5. The signature of a technical person from the natural gas provider.</p> <p>This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on generator log record review on 10/29/15 at 3:35 p.m., with the Maintenance Assistant and Administrator the facility did not have a letter from their natural gas supplier. Based on interview on 10/29/15 at 3:36 p.m. with the Maintenance Assistant and Administrator it was acknowledged no other documentation could be provided to support any of the five requirements stated above from the natural gas vendor.</p> <p>3.1-19(b)</p> | | | |