

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2013
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5801 W BETHEL AVE MUNCIE, IN 47304
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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: 12/02/13</p> <p>Facility Number: 000086 Provider Number: 155170 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village Muncie Inc. was found not in compliance with Requirements for Participation in Medicare, 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 II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has</p>	K010000		
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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>a capacity of 76 and had a census of 60 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached garages and one smoking shed which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/10/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 4 of 4 sets of double leaf corridor doors could latch independently into their door frames. This deficient practice could affect all residents in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 12/02/13 during the tour between 12:00 p.m. to 2:00 p.m. with the Physical Plant Director, the following sets of double leaf corridor doors required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame:</p>	K010018	<p>Westminster Village Muncie, Inc. Plan of Correction K-018 NFPA 101 Life Safety Code Standard – Automatic Door Latch 1) What corrective actions(s) will be accomplished for those Residents found to have been affected by the alleged deficient practice: No resident had any adverse effects due to the alleged deficient practice. Four sets of automatic flush bolts from MD Wholesale Lock & Hardware were ordered on 12-12-2013. (See Attached Purchase Order). Automatic Flush Bolts have been received and will be installed by 1-01-2014.</p> <p>2) How other Residents having the potential to be affected by the same alleged</p>	01/01/2014			

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	<p>a. The double leaf doors on Abby hall next to nursing station.</p> <p>b. The double leaf doors leading into the linen closet on Bristol hall.</p> <p>c. The double leaf doors leading into the linen closet on Devon hall.</p> <p>d. The double leaf doors leading into the Unit Manager's office on Devon hall.</p> <p>Based on interview on 12/02/13 concurrent with the observations, it was acknowledged by the Physical Plant Director, the aforementioned corridor doors would not latch independently into their door frame.</p> <p>3.1-19(b)</p>		<p>deficient practice will be identified and whatcorrective actions(s) will be taken: Foursets of automatic flush bolts from MD Wholesale Lock& Hardware were ordered on 12-12-2013. (SeeAttached PurchaseOrder). Automatic Flush Bolts have been received andwill be installed by 1-01-2014.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensurethat the alleged deficient practice does not recur: Four sets ofautomatic flush bolts from MD Wholesale Lock& Hardware were ordered on 12-12-2013. (SeeAttached PurchaseOrder). Automatic Flush Bolts have been received andwill be installed by 1-01-2014. On 12-03-13, the Physical Plant Directorconducted ameeting with theMaintenance Department and explained the automatic boltlatches and the code for doors. (See Attached AttendanceSheet). 4) How the corrective action(s) will bemonitored to ensure the alleged deficient practice will not recur, i.e. whatquality assurance program will be put into place: The Physical Plant Director willcontinue the practice of monitoring monthly that all doors are installed tocode and report the results to the Quality Assurance Committee monthly.</p> <p>5) All components of the</p>		

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			systematic adjustments for notification of changes will be implemented by: New Automatic Flush Bolts will be installed by January 1, 2014.	

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K010069 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on observation and interview, the facility failed to ensure the 14 grease filters on 1 of 1 kitchen stove hoods were properly positioned to drain the grease into the containers. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 Edition, at 3.2.7 says grease filters requiring a specific orientation to drain grease shall be clearly so designated, or the hood shall be constructed so filters cannot be installed in the wrong orientation. This deficient practice could affect kitchen staff.</p> <p>Findings include:</p> <p>Based on observation on 12/02/13 at 2:30 p.m. with the Physical Plant Director, the grease filter baffles in the hood above the gas grill in the Main kitchen were installed horizontally instead of vertically to drain grease from the exhaust hood. Based on interview concurrent with the observation, the Physical Plant Director acknowledged he was unaware of the correct orientation and would contact the provider for answers.</p> <p>3.1-19(b)</p>	K010069	<p>Westminster Village Muncie, Inc. Plan of Correction K-069 NFPA 101 Life Safety Code Standard – Hood Filters What corrective actions(s) will be accomplished for those Residents found to have been affected by the alleged deficient practice: No resident had any adverse effects due to the alleged deficient practice. Fourteen 20x25 filters for the range hood in the MainKitchen were ordered on 12-12-2013 from VFP Fire Systems and were installed by them on 12-17-2013. They are constructed so the filters cannot be installed in an incorrect orientation. (See Attached Purchase Order).</p> <p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective actions(s) will be taken: Fourteen 20x25 filters for the range hood in the MainKitchen were ordered on 12-12-2013 from VFP Fire Systems and were installed by them on 12-17-2013. They are constructed so the filters cannot be installed in an incorrect orientation. (See Attached Purchase Order).</p> <p>What measures will be put into place or what systemic changes</p>	12/17/2013			

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			will be made to ensure that the alleged deficient practice does not recur: Fourteen 20x25 filters for the range hood in the MainKitchen were ordered on 12-12-2013 from VFP Fire Systems and were installed by them on 12-17-2013. They are constructed so the filters cannot be installed in an incorrect orientation. (See Attached Purchase Order). On 12-03-13, the Physical Plant Director conducted a meeting with the Maintenance Department and explained the correct installation orientation of the filters of vertically, not horizontally. (See Attached Attendance Sheet). How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e. what quality assurance program will be put into place: The Physical Plant Director will continue the practice of monitoring monthly all kitchen hood filters to ensure that they are installed in the correct vertical orientation and report the results to the Quality Assurance Committee monthly. All components of the systematic adjustments for notification of changes will be implemented by: New Filters have been installed on December 17, 2013.		