

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155328	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/24/2014
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NAME OF PROVIDER OR SUPPLIER  WESTPARK REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP 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: 11/24/14</p> <p>Facility Number: 000221 Provider Number: 155328 AIM Number: 100267620</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westpark Rehabilitation Center 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 detectors in the corridors and in spaces open to the corridors, plus battery</p>	K010000	<p>Plan of Correction Life Safety West Park Rehabilitation Plan of Correction/Credible Allegation of Compliance/Disclaimer</p> <p>This plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission or agreement, with the deficiencies or conclusions contained in the Department's inspection report.</p> <p>Date 12/16/2014</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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K010025 SS=E	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 96 and had a census of 80 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 by Dennis Austill, Life Safety Code Specialist on 12/03/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 2 of 8 smoke barrier walls provided at least a one half</p>	K010025	K 025 Life Safety Smoke barrier walls were repaired by maintenance. No residents were affected by the deficient practice.	12/16/2014

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	<p>hour fire resistance rating. This deficient practice could affect any number of residents, as well as staff and visitors while in the 200 South Unit including the A, B, C and D halls.</p> <p>Findings include:</p> <p>Based on observations on 11/24/14 between 11:15 a.m. and 1:15 p.m. during a tour of the facility with Maintenance Director, the following was noted:</p> <ol style="list-style-type: none"> <li>The smoke barrier wall above the smoke barrier doors near rooms 212 and 213 had two, two inch sprinkler pipes penetrating the smoke barrier wall with one to two inch gaps around the sprinkler pipes.</li> <li>The smoke barrier wall above the smoke barrier doors near rooms 209 and 210 had six conduits of various sizes penetrating the smoke barrier wall with one to two inch gaps around the conduits, furthermore, there was a two foot by three foot opening through the middle of the smoke barrier wall where drywall had been removed from both sides of the wall.</li> </ol> <p>This was acknowledged by Maintenance Director at the time of each observation.</p> <p>3.1-19(b)</p>		<p>Vendor visits will be followed up with an inspection of the smoke barrier to ensure there are no permeations of the area where work was preformed.</p> <p>Maintenance will be responsible to repair imperfections in the smoke barrier walls following work preformed in the attic of the facility. Maintenance will monitor smoke barrier areas x 2 weeks, then monthly for two months and quarterly thereafter for 4 months. Maintenance will report to the Administrator and QA Committee any problems in maintaining the smoke barrier. Date: 12/16/2014</p>				

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K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 exit access doors which were equipped with delayed egress locks and were provided with signs stating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS did open when pushing on the door for 15 seconds. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking</p>	K010038	<p>K 038 The delayed egress locks on the C Hall Door has been adjusted to correct the delay in length of time of delay to the proper 15 seconds stated. No residents were affected by the deficient practice. Maintenance adjusted the panic bar setting on the egress door to ensure it works properly. Maintenance or designee will record a their checks of egress doors 2 x per week x 4 weeks, then 1 time per week for 6 months.. A report will be made monthly to the Administrator and the QA committee of any variance in the required response time. Date: December 16, 2014</p>	12/16/2014			

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	<p>mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice could affect up to 12 residents in the C hall.</p> <p>Findings include:</p> <p>Based on observation on 11/24/14 at 11:50 a.m. during a tour of the facility with Maintenance Director, the set of exit doors at the end of the C hall was equipped with a delayed egress lock and was provided with a sign stating PUSH</p>			

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K010147 SS=D	<p>UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS, however, it took over 40 seconds each time to release the door when tested twice. It did however release immediately when the five digit code was pushed as well as when the fire alarm system was tested.</p> <p>This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in 1 of 73 resident rooms. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect one resident, as well as staff and visitors while in resident room 224.</p>	K010147	<p>K 147</p> <p>A correction was made of the deficient practice of plugging in medical items to a power strip. The medical equipment is now plugged into the wall outlet</p> <p>One resident's medical equipment was determined to be the only room with this deficient practice.</p> <p>The resident's personal electronics are now plugged in to the power strip, and the medical equipment into the wall outlet.</p> <p>Maintenance/Environmental will monitor this room and all others for compliance with utilizing wall outlets for medical equipment. Monitoring will be conducted weekly x 4 weeks,</p>	12/16/2014

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	<p>Findings include:</p> <p>Based on observation on 11/24/14 at 12:15 p.m. during a tour of the facility with Maintenance Director, resident room 224 was using a power strip providing power to an oxygen concentrator and a bed. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>		<p>then monthly for 2 months, then Quarterly for 6 months. Date: December 16, 2014</p>		