

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155263	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2014
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NAME OF PROVIDER OR SUPPLIER LOGOOTEENURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12802 E US HWY 50 LOGOOTEEN, IN 47553
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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 Dates: 02/04/14</p> <p>Facility Number: 000164 Provider Number: 155263 AIM Number: 100289550</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Loogootee Nursing 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		
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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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K010052 SS=F	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 56 and had a census of 39 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except two detached structures, a wood shed containing the facility generator, and a wood framed garage used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/06/14.</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 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to provided written documentation 8 of 38 smoke detectors had been tested for sensitivity. LSC</p>	K010052	K 052Corrective action for those residents found to have been affected by the deficient practice; The current fire alarm system inspection company has	02/26/2014

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	<p>9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72 at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range. (5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction. Detectors found to have sensitivity</p>		<p>inspected the facility and researched with the manufacturer of the eight duct detectors. The manufacturer has educated the inspection company on the proper way to check the six alarms for sensitivity using a multi meter. The fire alarm system inspection company will return on Tuesday, February 25, 2014 to perform a sensitivity check on these six alarms. The previous fire alarm system inspection company whom had completed the sensitivity testing in the past will return on Monday, February 24, 2014 to check the sensitivity on the two duct detectors which are sealed within a case utilizing a MOD 400R testing module. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; This was determined to have potential to affect all residents. The current fire alarm system inspection company has inspected the facility and researched with the manufacturer of the eight duct detectors. The manufacturer has educated the inspection company on the proper way to check the six alarms for sensitivity using a multi meter. The fire alarm system inspection company will return on Tuesday, February 25, 2014 to perform a sensitivity check on these six alarms. The previous fire alarm system inspection company whom had</p>				

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	<p>outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. NFPA 72, 7-5.2 requires inspection, testing and maintenance reports be provided for the owner or a designated representative. It shall be the responsibility of the owner to maintain these records for the life of the system and to keep them available for examination by the authority having jurisdiction. Paper or electronic media shall be acceptable. 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 smoke detector sensitivity records in the Maintenance book on 02/04/14 at 10:30 a.m. with the Maintenance Supervisor present, the most recent sensitivity test documentation was dated 01/29/13 for thirty Photo type smoke detectors located throughout the facility, however, the documentation showed the facility had eight duct detectors (smoke detectors) which were not tested for sensitivity. The most recent fire alarm</p>		<p>completed the sensitivity testing in the past will return on Monday, February 24, 2014 to check the sensitivity on the two duct detectors which are sealed within a case utilizing a MOD 400R testing module. Measures to be put into place to ensure the deficient practice will not recur, The maintenance supervisor has been educated on the proper testing for sensitivity on the facility eight duct smoke detectors. The fire alarm system inspection company will provide the facility with written documentation showing the testing of the smoke detectors sensitivity. The maintenance supervisor will review this information and keep record of it. The systemic changes should be in affect by Wednesday, February 26, 2014.</p>				

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K010144 SS=C	<p>system inspection report dated 01/29/14 showed all devices were tested and passed including the eight duct detectors. Based on interview at the time of record review, the Maintenance Supervisor acknowledged there was no sensitivity test documentation available for the eight duct detectors on the 01/29/13 sensitivity test report. Additionally, based on phone interview during record review, the fire alarm system inspection company representative said six of the eight duct detectors were of a type that could not be tested for sensitivity and the other two duct detectors could not be tested for sensitivity because they were sealed in a case within the duct work.</p> <p>3.1-19(b)</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 and interview, the facility failed to provide complete documentation for the testing of 1 of 1 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</p>	K010144	<p>K144 Measure put into place to ensure a two hour load bank is conducted on an annual basis is that the facility has contacted a vendor to complete this test March 2014. The facility will schedule another two hour load bank for March of 2015.</p> <p>The corrective action will be</p>	03/25/2014

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	<p>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 Emergency Power Supply (EPS) 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 Monthly Generator Log form on 02/04/14 at 9:30 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, documentation showing the generator was exercised under operating conditions or not less than 30 percent of the Emergency Power Supply (EPS) nameplate rating for a minimum of 30 minutes during the past twelve months was under the 30 percent requirement. The generator log form</p>		monitored to ensure the deficient practice does not recur by the administrator reviewing the load bank report in March of 2014 and reporting to the Quality Assurance Committee. The administrator will also be given a copy of the annual report each year after.				

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	<p>was provided with a column for "Load" with the answer being between 4 percent to 11.80 percent during each of the past twelve months. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log showed the generator was exercised at 4 percent to 11.80 percent. Furthermore, during record review at 9:30 a.m., when asked if the diesel generator has had a load bank test within the past twelve months, the Maintenance Supervisor said the generator has never been load bank tested as far as he knew.</p> <p>3.1-19(b)</p>			