

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155519	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER GENTLECARE OF VINCENNES	STREET ADDRESS, CITY, STATE, ZIP CODE 1202 S 16TH ST VINCENNES, IN 47591
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K 000 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: 02/17/15</p> <p>Facility Number: 000357 Provider Number: 155519 AIM Number: 100291370</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Gentle Care of Vincennes 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 with a basement 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, spaces open to the corridors,</p>	K 000	<p>K000 This plan of correction is submitted to serve as an allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the allegations or conclusions set forth in the statement of deficiencies. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. We have attached copies of our Fire Alarm Inspection and Testing Form. We respectfully request a desk review and request that our plan of correction be considered our allegation of compliance effective March 19, 2015.</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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K 052 SS=F Bldg. 01	<p>and battery operated smoke detectors in all resident sleeping rooms which were also addressable to the fire alarm system via a wireless system. The facility has a capacity of 60 and had a census of 40 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, except two detached wood sheds used for facility storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15/.</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>1. Based on record review and interview, the facility failed to ensure 17 of 49 smoke detectors had been tested for sensitivity within the past two years. LSC Section 9.6.1.3 says the provisions</p>	K 052	K052 - 1/2 CORRECTIVE ACTIONS FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED: Per ISDH findings, the deficiency constitutes no actual harm	03/19/2015

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	<p>of 9.6 cover the basic functions of the fire alarm system, including fire detection systems. LSC 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> <ol style="list-style-type: none"> (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 		<p>IDENTIFICATION OF RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED: Per ISDH findings this practice could affect all residents, as well as staff and visitors. The facility secured Tri-State Fire Protection to test all smoke detectors for sensitivity and to test all fire alarm system components and devices. MEASURES OR SYSTEMIC CHANGES TO PREVENT RECURRENCES: Facility had sensitivity tested on all smoke detectors and all fire alarm system components and devices tested (Exhibit A - H) 2/26/2015. The facility will have all smoke detectors tested for sensitivity within a two year continuous time frame. The facility will have all fire alarm system components and devices tested semi-annually. Maintenance will retain all documentation of inspections and tests for review. CORRECTIVE ACTION MONITORED: The Maintenance Supervisor will note on Weekly Review of Fire Safety (Exhibit I) dates for required smoke detector sensitivity test and fire alarm components and devices tests. The Weekly Review of Fire Safety (Exhibit I) will be monitored by the Administrator All monitoring will be monthly and ongoing, with the results reported to the Continuous Quality Improvement Committee (CQI) The role of the CQI</p>				

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	<p>method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity 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 and quarterly fire alarm system inspection reports in the Fire Alarm book on 02/17/15 at 10:00 a.m. with the Maintenance Supervisor present, the most recent sensitivity test documentation available was dated 01/20/14 for the 32 smoke detectors in all resident sleeping rooms. The most recent sensitivity test documentation available</p>		<p>Committee (per facility Policy and Procedure) is to establish and conduct an extensive and objective program of assessment, reporting, and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction and quality of life. The committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The committee also assists in the development and initiation of plans of correction related to identified problems. CQI evaluates the results of the plans as well. The CQI meets monthly with the findings reported to the quarterly Quality Assurance Committee.</p>		

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	<p>for the remaining 17 smoke detectors in the facility (corridors and open areas) was dated 09/27/12. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the documentation available did not include sensitivity testing for the remaining 17 smoke detectors since 09/27/12.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure all fire alarm system components and devices, such as, smoke detectors and pull stations, were tested at least annually for 1 of 1 fire alarm systems. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices, such as, smoke detectors, fire alarm boxes, horn/strobe devices, door holder devices, and fire alarm control equipment be tested annually. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system reports in the Fire Alarm book on 02/17/15 at 10:00 a.m. with the Maintenance Supervisor present, the most recent fire alarm system inspection</p>				

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	<p>report was dated 03/26/14. This report indicated there were forty nine smoke detectors and seven pull stations in the facility. None of the forty nine smoke detectors were tested and only one of the seven pull stations were tested during this inspection. The report also indicated the inspection was a "semi-annual" inspection, however, there was no inspection report available since the 03/26/14 date. Based on interview at the time of record review, the Maintenance Supervisor confirmed the 03/26/14 fire alarm system inspection report was the most recent report available and further confirmed all fire alarm system devices have not been visually/functionally tested within the past twelve months.</p> <p>3-1.19(b)</p>				