

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155520	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/07/2016
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NAME OF PROVIDER OR SUPPLIER  BRAUN'S NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 909 FIRST AVE EVANSVILLE, IN 47710
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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: 03/07/16</p> <p>Facility Number: 000437 Provider Number: 155520 AIM Number: 100273770</p> <p>At this Life Safety Code survey, The Braun's Nursing Home LLC 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 two separate basements 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 and both basements, plus battery operated smoke alarms in all resident sleeping rooms. The facility has</p>	K 0000		

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 0025 SS=E Bldg. 01	<p>a capacity of 71 and had a census of 50 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 one detached garage used for facility storage.</p> <p>Quality Review completed on 03/10/16 - DA</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 1 of 6 smoke barrier walls provided at least a one half hour fire resistance rating. This deficient practice could affect up to 16 residents in the 300 hall plus any number of residents, as well as staff and visitors while in the north Nurses' Station area.</p> <p>Findings include:</p>	K 0025	<p>During anupgrade of the boiler system and hot water heater for unit 300, the contractorcompromised the smoke barrier wall while running water lines for the newequipment. As part of the project, the contractor was responsible for sealing such a gap. However, the management of the facility is ultimately responsible to oversee/audit any construction projects (internally or externally) to assure the safety</p>	03/10/2016

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K 0029	Based on observation on 03/07/16 at 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, the smoke barrier wall above the smoke barrier doors between the 300 hall and north Nurses' Station area had a one to two inch gap through the wall around a bundle of three water lines. This was acknowledged by the Maintenance Supervisor at the time of observation.  3.1-19(b)  NFPA 101		and well-being of the residents, staff and public is not compromised. The contractor was contacted immediately (3/7/2016) and they patched and sealed the gap, with a completion date of March 10, 2016. The maintenance supervisor, who has less than one year in this position was in-serviced regarding the appropriate time frame, process and documentation to assure this standard is met. Additionally, the Administrator or their designee will begin on a monthly basis to assign or distribute any and all maintenance projects to include inspections, preventative maintenance responsibilities and the conducting of drills. Upon completion of these monthly responsibilities, the maintenance supervisor will be required to return all documentation to the Administrator or their designee for their review and approval. This process will begin in April 2016 and continue for a period of one year. The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for K025 will be available to the surveyor upon their request.		

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SS=E Bldg. 01	<p><b>LIFE SAFETY CODE STANDARD</b> One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 10 hazardous area room doors, such as a room over 50 square feet containing combustible material, were equipped with self closing devices on the doors. This deficient practice could affect 12 residents, as well as staff and visitors in the 100 hall.</p> <p>Findings include:</p> <p>Based on observations on 03/07/16 between 11:15 a.m. and 12:45 p.m. during a tour of the facility with the Maintenance Supervisor, the corridor doors to the 100 hall from the Activity Department storage room and the Activity Office were not provided with self closing devices. The Activity Department storage room was full of cardboard boxes, packages of towels and packages of bibs, and the Activity Office had a closet without a door that was full</p>	K 0029	<p>The Activity Director and Housekeeping Supervisor was immediately in-serviced regarding the inappropriateness of storing combustible material in their office or storage closet. All combustible material was disposed of or stored in appropriate and secure locations.</p> <p>As a preventative measure, self-closing devices will be installed on each corridor door and the storage room door will be reinstalled by Friday, March 25, 2016.</p> <p>The maintenance supervisor, who has less than one year in this position was in-serviced regarding the appropriate time frame, process and documentation to assure this standard is met. Additionally, the Administrator or their designee will begin on a monthly basis to assign or distribute any and all maintenance projects to include inspections, preventative</p>	03/25/2016	

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K 0050 SS=C Bldg. 01	<p>of cardboard boxes, and a variety of storage items. Both of these rooms were over fifty square feet. This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters, furthermore, the facility failed to conduct fire drills at unexpected times under varying conditions for 11 of 12 fire drills.</p>	K 0050	<p>maintenance responsibilities and the conducting of drills. Upon completion of these monthly responsibilities, the maintenance supervisor will be required to return all documentation to the Administrator or their designee for their review and approval. This process will begin in April 2016 and continue for a period of one year. The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for K029 will be available to the surveyor upon their request.</p> <p>Prior to the monthly fire drill being conducted, the Maintenance Supervisor will meet with the Administrator or their designee to discuss the timing and oversight of the drill. In the event a drill is scheduled between the hours of 5:00 p.m. and 8:00</p>	03/23/2016	

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K 0130 SS=C Bldg. 01	<p>This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 03/07/16 at 9:45 a.m. with the Maintenance Supervisor present, four of four second shift (evening) fire drills were performed at 2:11 p.m., 2:14 p.m., 2:14 p.m., and 2:58 p.m. Furthermore, eleven of twelve fire drills were conducted during the last three days of the month. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times the second shift fire drills were performed and that eleven of twelve fire drills were performed during the last three days of the month.</p> <p>3-1.19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, interview and observation; the facility failed to ensure documentation for the preventative maintenance of 43 of 43 battery operated smoke alarms in resident rooms was complete. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall</p>	K 0130	<p>p.m., the Maintenance Supervisor or a representative from Administration will be in the facility to oversee the "audible" fire drill.</p> <p>The next monthly fire drill is for March 2016 with the third shift participating. This drill will be held on Wednesday, March 23, 2016 at approximately 3:00 a.m. and will be conducted as a silent drill. The following day, the maintenance supervisor will conduct a test of the fire alarm. Documentation of the transmission to the monitoring company will be on file for review.</p> <p>The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for K050 will be available to the surveyor upon their request.</p> <p>This standard was met in that the maintenance supervisor was inspecting each battery operated smoke detector located throughout the facility on a monthly basis. The only violation was in the documentation. An itemized list reflecting each battery operated smoke detector has been created with appropriate room for comments,</p>	03/31/2016			

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K 0144 SS=C Bldg. 01	<p>be maintained. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the Monthly Smoke Detector Inspection (Resident Room) reports on 03/07/16 at 10:00 a.m. with the Maintenance Supervisor present, there was no itemized list of resident room battery operated smoke detectors tested for functionality on a monthly basis during the past twelve months. The only documentation available was a form with "Room Detectors" that had a slash in the box for each month checked. This was a blanketed statement to include all resident room smoke detectors. This was acknowledged by the Maintenance Supervisor at the time of record review. Based on observations between 11:15 a.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, battery operated smoke alarms were observed in all resident sleeping rooms.</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. Based on record review and interview,</p>	K 0144	<p>if applicable. The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for K130 will be available to the surveyor upon their request.</p> <p>The weekly "Emergency Generator LOAD Test Log" will be</p>	04/01/2016			

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	<p>the facility failed to ensure 1 of 1 emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generator was being recorded after each load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems,1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. 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 Emergency Generator Load Test Log on 03/07/16 at 10:45 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested weekly for over 30 minutes under load, however, there was no documentation on the form that</p>		<p>modified to reflect the required documentation for proper cool down time and transfer time following a load test. This will require the consultation and input from EVAPAR, who is scheduled to conduct annual maintenance on the generator by the end of March.</p> <p>The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for K144 will be available to the surveyor upontheir request.</p>	

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K 0147 SS=E Bldg. 01	<p>showed the generator had a cool down time following its load test, furthermore, there was no documentation that showed the generator transfer time being recorded following its load test. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation of a cool down time being recorded or the generator transfer time being recorded.</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 2 of 43 resident sleeping 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 3 residents in resident sleeping rooms 307 and 314.</p>	K 0147	<p>A walk thru of the facility was conducted on Tuesday, March 7, 2016 to assure there were no other improper use of power cords. All housekeeping staff were in-serviced regarding the proper use of power cords. The facility will implement the following processes to prevent the improper use of power cords:</p> <p>1.A statement regarding proper use of power cords will be placed in the facilities monthly new letter. This will occur at a minimum of once a year and will begin with the April 2016 newsletter.</p> <p>2.The administration and the housekeeping supervisor and/or maintenance supervisor will</p>	04/01/2016			

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	<p>Findings include:</p> <p>Based on observations on 03/07/16 between 11:15 a.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, the following was noted:</p> <p>a. Resident room 307 had a refrigerator plugged into a power strip.</p> <p>b. Resident room 314 had a bed, air mattress, and an oxygen concentrator plugged into a power strip.</p> <p>This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		<p>conduct a monthly walk thru to inspect and assure that power cords are used in accordance with proper standards.</p> <p>3.An informational statement will be added to the admission packet outlining the proper use of power cords in the facility.</p> <p>4.Housekeeping personnel have been in-serviced in the proper use of power cords and have been given the additional responsibility of auditing for such during their daily,weekly and monthly cleaning schedules. The Maintenance Supervisor and Housekeeping Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for K147 will be available to the surveyor upontheir request.</p>		