

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155277	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2013
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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 N CALUMET AVE VALPARAISO, IN 46383
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K010000	<p>An investigation of Complaint Number IN00137696 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>This survey was in conjunction with the Life Safety Code Recertification and State Licensure Survey.</p> <p>Complaint Number IN00137696: Substantiated, Federal deficiencies related to the allegation are cited at K-20 and K-46, State deficiency related to the allegation is cited at K-9999</p> <p>Survey Date: 10/24/13</p> <p>Facility Number: 000176 Provider Number: 155277 AIM Number: 100288940</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Whispering Pines Health Care 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</p>	K010000		

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>Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is located in two, two story buildings with walk out lower levels and connected by the "tunnel", a one story corridor. The two buildings, identified as the Pines and the Manor were determined to be of Type II (111) construction, built prior to March 1, 2003 and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in resident sleeping Rooms # 1 through # 43 and has hard wired smoke detectors supervised by the fire alarm system in all other resident sleeping rooms. The facility has a capacity of 150 and had a census of 113 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/06/13.</p> <p>The facility was found not in compliance</p>			

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	with the aforementioned regulatory requirements as evidenced by the following:			

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K010020 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>Based on observation and interview, the facility failed to ensure the passage of pipe through 4 of 5 vertical openings was protected as appropriate for the fire resistance rating of the barrier. LSC Section 8.2.5.2 requires openings between floors to be enclosed with fire barrier walls. The passage of building service materials such as pipe shall be protected so the space between the penetrating item and the fire barrier shall be filled with a material capable of maintaining the fire resistance of the fire barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect approximately 57 residents on second floor Pines building as well as visitors and staff if smoke from a fire were to infiltrate the protective barriers.</p> <p>Findings include:</p> <p>Based on observation 10/24/13 at 1:30 p.m. with the Maintenance Supervisor, there were four pipe penetrations through</p>	K010020	On 11/13/13, old caulk was removed on four pipes identified and application of fire rated caulk was applied by an outside contractor. A total of fifty seven residents had the potential to be affected by this citation. All areas adjacent were inspected for compliance for this citation by contracted service. No other concerns noted. Maintenance Director or designee will monitor all caulking to be in compliance as needed. Follow up to this deficiency will be reviewed with the Quality Assurance Team.	11/29/2013			

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	<p>the ceiling of the Dry storage room on the first floor of the Pines building which is under construction which were sealed with a flammable, unrated expandable foam. This sealing method does not maintain the fire resistance rating of the fire barrier. Based on interview on 10/24/13 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the expandable foam should not have been used by the construction crew and should be replaced with fire rated caulk.</p> <p>3.1-19(b)</p>			

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K010046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation and interview, the facility failed to provide interior emergency lighting for 1 of 2 stairwell exits. LSC Section 7.9.1.1 requires emergency lighting for means of egress shall be provided for the exit access and exit discharge. This deficient practice could affect 57 residents as well as staff and visitors on the second floor of the Pines building if forced to evacuate using the west stairwell.</p> <p>Findings include:</p> <p>Based on observation on 10/24/13 at 1:15 p.m. with the Maintenance Supervisor, there was no lighting available in the west stairwell leading from the second floor to the first floor of the Pines building leaving the stairwell in total darkness. Based on interview on 10/24/13 concurrent with the observation with the Maintenance Supervisor and the Electrical Engineer it was acknowledged this area was not provided with electrical power during reconstruction of the first floor of the Pines building. Furthermore, it was acknowledged by the Electrical Engineer the west stairwell should have</p>	K010046	The lighting in the west stairwell leading from the second floor to the first floor of the Pines building that left the stairwell in total darkness has been hard wired and fixed on 11/6/13 by the contractor.57 Residents were potentially affected by the alleged deficient practice.All stairwells will be audited by the Maintenance Director or designee to assure illumination 3 times a week for 2 weeks and monthly thereafter.Maintenance Director or designee will monitor all caulking to be in compliance as needed.Follow up to this deficiency will be reviewed with the Quality Assurance Team.	11/29/2013	

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	illumination and will be hard wired for lighting. 3.1-19(b)			

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K019999	<p>State Findings:</p> <p>3.1-2 LICENSES</p> <p>The applicant shall submit an independent verification of assets and liabilities demonstrating working capital adequate to operate the facility. The verification shall be performed by a certified public accountant. The verification shall be submitted to the director on a form approved by the department. The verification shall be accompanied by documents required by the application form and other documents or information as required by the department to evidence adequate working capital to operate the facility.</p> <p>(d) The director may issue a health facility license for an existing facility that proposes a change from a previously approved plan review upon receipt, review and approval of the following requirements:</p> <p>(1) The applicant shall submit the appropriate licensure fee.</p> <p>(2) Prior to the start of construction, detailed architectural and operational plans shall be submitted to the division for consideration and approval. The plans shall state the licensure classification</p>	K019999	Joe Putman from Homeland Security was in the facility to inspect lower level Pines redecorating on four occasions. No violations found on any visit. All redecorating was not requiring a state site review.	11/29/2013			

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	<p>sought. Plans for projects involving less than thirty thousand (30,000) cubic feet require suitable detailed plans and sketches. Plans for projects involving more than thirty thousand (30,000) cubic feet require certification by an architect or an engineer registered in Indiana. A plan of operation, in sufficient detail to facilitate the review of functional areas, that is, nursing unit, laundry, and kitchen shall accompany the submitted plan.</p> <p>This State Rule was not met as evidenced by: Based on observation and interview, the facility Management failed to comply with 16.2-3.1-2(d) which requires suitable detailed plans and sketches for 1 of 2 floor levels of the Pines building under reconstruction be submitted for review. This deficient practice could affect 57 residents residing on the second floor of the Pines building which is directly above the construction zone.</p> <p>Findings include:</p> <p>Based on observation on 10/24/13 during the tour between 12:30 p.m. and 2:00 p.m., with the Maintenance Supervisor and the Administrator, the first floor of the Pines building was under construction and being remodeled into a Therapy/Gym for resident use and no rudimentary plans</p>						

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	<p>had been submitted for review. Based on interview on 10/24/13 at 4:00 p.m., it was confirmed by the Administrator no plans have been submitted for review.</p> <p>This State Rule finding relates to complaint number IN00137696.</p> <p>3.1-2(d)</p>			