

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155759	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/26/2016
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NAME OF PROVIDER OR SUPPLIER  GLEN OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 601 W CR 200 S NEW CASTLE, IN 47362
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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: 09/26/16</p> <p>Facility Number: 011187 Provider Number: 155759 AIM Number: 200838150</p> <p>At this Life Safety Code survey, Glen Oaks Health Campus 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The healthcare portion of the facility has a capacity of 68 and had a census of 59 at the time of this</p>	K 0000		
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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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K 0050 SS=F Bldg. 01	<p>visit.</p> <p>All areas where the residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review on 10/05/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills on 1 of 3 shifts for 1 of 4 quarters over the past year. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports with the director of plant operations on 09/26/16 at 9:46 a.m., there was no fire</p>	K 0050	<p><b>K 050</b></p> <p><b>Corrective Actions were as follows:</b> A system is in place to conduct and record fire drills on all shifts per standards. Other residents are covered by this system. ED will review the records quarterly to ensure that third shift fire drills are held quarterly. Any non-compliance to the code standards will be reported and recorded in monthly QA meetings. Any trend of non-compliance will require an Action Plan by the QA committee and will be monitored</p>	10/24/2016			

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K 0056 SS=E Bldg. 01	<p>drill documentation for the third shift, fourth quarter of the year 2015. Additionally, based on interview with the director of plant operations during the review of the Fire Drill Reports, there was no other documentation available for review to verify this drill was conducted. This was verified by the director of plant operations at the time of record review and acknowledged by the executive director at the exit conference on 09/26/16 at 12:55 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 18.3.5, 18.3.5.1.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 rooms in the 200 Hall spa were completely sprinkled. This deficient practice could affect 12 residents who use the 200 Hall spa and reside on the 200 Hall.</p>	K 0056	<p>for six months.</p> <p><b>K 056</b> Sprinkler heads will be installed in the 200 Hall Spa and the adjoining closet. A tour of the entire facility was made to ensure no other areas were not sprinkled per code. No issues of non-compliance were</p>	10/24/2016

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K 0062 SS=F Bldg. 01	<p>Findings include:</p> <p>Based on observation on 09/26/16 at 11:40 a.m. with the director of plant operations, the 200 Hall spa first shower room and storage room each lacked sprinkler coverage. Based on an interview with the director of plant operations on 09/26/16 at 11:45 a.m., it was indicated the 200 Hall spa was remodeled last year and two walls were installed separated the two shower rooms and enclosing a storage room and the contractors failed install sprinklers in the two new room enclosures. The lack of sprinkler coverage in the 200 Hall spa first shower room and storage room was verified by the director of plant operations at the observation and acknowledged by the executive director at the exit conference on 09/26/16 at 12:55 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review, observation and interview, the facility failed to ensure 3</p>			K 0062	<p><b>found.</b></p> <p>Our Contractor/Vendor will be made aware of the 2567 finding and they will inspect the sprinkler system quarterly to maintain compliance with this code.</p> <p><b>Any issues of non-compliance will be addressed immediately.</b></p> <p><b>Periodic maintenance rounds will be made to observe for any areas not in code.</b></p> <p><b>QA will monitor for two quarters reports submitted by the director of plant operations reporting the findings of the quarterly inspections.</b></p> <p><b>K 062</b></p> <p><b>The three gauges identified in the 2567 will be replaced.</b></p>		10/24/2016

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	<p>of 7 sprinkler system gauges were replaced or recalibrated every 5 years. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on a review of Quarterly Sprinkler System Inspection Reports on 09/26/16 at 10:15 a.m. with the director of plant operations, there was no record the three sprinkler system gauges supplying the three antifreeze sprinkler pipes had been replaced or recalibrated over the past five years. Based on observation of the sprinkler riser on 09/26/16 at 10:20 a.m. with the director of plant operations, the three sprinkler system pipe antifreeze gauges on the sprinkler riser had a date of manufacturer dated January 2010. The lack of the three sprinkler system gauges on the three sprinkler system antifreeze pipes being replaced or recalibrated every five years was verified by the director of plant operations at the time of observation of the sprinkler system riser and acknowledged by the executive director at the exit conference on</p>		<p><b>The gauges identified will be added to the Facility Vendor's quarterly inspection sheets. Any gauges found not be in code will be replaced immediately. QA will be notified by maintenance of problem with compliance to this code. An Action Plan will be put in place by QA if non-compliance occurs.</b></p>				

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K 0106 SS=F Bldg. 01	<p>09/26/16 at 12:55 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Hospitals and inpatient hospices with life support equipment have an Type I Essential Electric System, and nursing homes have a Type II ESS that are powered by a generator with a transfer switch and separate power supply in accordance with NFPA 99. 12-3.3.2, 13-3.3.2.1, 16-3.3.2 (NFPA 99) Based on observation and interview, the facility failed to provide a functional Type II essential electrical system. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 09/26/16 at 10:30 a.m. with the director of plant operations, the director of plant operations conducted a monthly load test of the emergency generator set. Furthermore, when the director of plant operations attempted to start the emergency generator set, the machine failed to start on four separate attempts. The lack of a functional emergency generator set was verified by the director of plant operations at the time of observation and acknowledged by the executive director at the exit conference on 09/26/16 at 12:55 p.m.</p>	K 0106	<p><b>K 106</b></p> <p>On the day of exit the Facility's Vendor ( Cummings ) examined the generator and found it working however the emergency stop button had been activated and the Director of Operations was unaware that to reset the generator that the reset button must be pressed for at least three seconds.</p> <p><b>A note was placed in the door panel that notes the length of time to press the reset button in order to active it.</b></p> <p><b>Weekly testing of the generator will be made and recorded with load testing done monthly. Twice a year the facility's contracted service vender will inspect, test, and service the emergency generator. QA will monitor for six months for any non-compliance that will be reported by the director of plant operations.</b></p>	10/24/2016			

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K 0144 SS=F Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on observation and interview, the facility failed to ensure the remote manual stop for 1 of 1 emergency generator was provided with an alarm indicator and annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> <li>1. When the emergency or auxiliary power source is operating to supply power to load.</li> <li>2. When the battery charger is malfunctioning.</li> </ol> <p>(b) Individual visual signals plus a</p>	K 0144	<p><b>K 144</b></p> <p><b>On the day of exit the Director of Operations spoke over the phone with the manufacturer and was instructed with the directions how to check the annunciator and ensure that the visual and audio warning systems were in place. The annunciator is enabled to give both visual and audio trouble warnings. The annunciator will be checked weekly during rounds by the Director of Operations.</b></p> <p><b>Any failure of visual or audio trouble alert system will be reported to the ED and the manufacturer.</b></p> <p><b>QA will monitor monthly for six months.</b></p>	10/24/2016			

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	<p>common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> <li>1. Low lubricating oil pressure.</li> <li>2. Low water temperature.</li> <li>3. Excessive water temperature.</li> <li>4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply.</li> <li>5. Overcrank (failed to start).</li> <li>6. Overspeed.</li> </ol> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. [NFPA 110: 3-5.5.2] NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition, Section 1-3 states NFPA 110 applies to new installations of Emergency Power Supply System (EPSS). Section 3-5.5.2(d) requires battery-powered individual alarm indication to annunciate visually at the control panel the occurrence of any of the conditions in Table 3-5.5.2(d); additional contacts or circuits for a common audible alarm that signals locally and remotely when any of the itemized conditions occurs. A lamp test switch (es) shall be</p>			

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	<p>provided to test the operation of all alarm lamps listed in Table 3-5.5.2(d). Table 3-5.5.2(d) states a remote emergency stop indicator for the shutdown of the emergency generator shall be provided. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the director of plant operations on 09/26/16 at 10:00 a.m., the director of plant operations was conducting a monthly load test of the emergency generator when the emergency generator failed to manually start on four separate attempts. Based on observation with the director of plant operations on 09/26/16 at 10:30 a.m., the emergency generator annunciator panel located at the Health Care Center nurses' station was not provided with a remote stop indicator for shutdown of the emergency generator and the emergency generator annunciator panel indicated a Normal condition with utility power service. The remote stop switch for the emergency generator, mounted on the maintenance office transfer switch, was found depressed in the stop position by the director of plant operations on 09/26/16 at 10:40 a.m. In addition, the emergency generator annunciator panel located at the Healthcare Center nurses'</p>			

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	<p>station did not provide an audible signal of system trouble due to the remote stop being engaged and was only provided with an unlabeled green indicator light which when illuminated indicated the emergency generator was available for use. Based on interview at the time of observation, the director of plant operations acknowledged the remote annunciator at the Health Care Center nurses' station was not provided with a remote stop indicator and did not provide an audible signal for shutdown of the emergency generator due to remote stop switch activation. This was acknowledged by the executive director at the exit conference on 09/26/16 at 12:55 p.m.</p> <p>3.1-19(b)</p>			