

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155772	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2015
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NAME OF PROVIDER OR SUPPLIER COBBLESTONE CROSSINGS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802
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K 0000 Bldg. 01	<p>A Life Safety Code Short Form 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: 05/20/15</p> <p>Facility Number: 011906 Provider Number: 155772 AIM Number: 200912380</p> <p>At this Life Safety Code survey, Cobblestone Crossing 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and resident rooms. The facility has a capacity of 60 and had a census of 54 at</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>the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered, and all areas providing facility services were sprinklered.</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. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. 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 05/20/15 at 10:15 a.m. with the Director of Plant Operations (DPO) present, the facility lacked written documentation fire drills were conducted during the following shifts and quarters: a. First shift (day) of the third quarter (July, August, and September), and</p>	K 0050	<p>There were no residents affected by the alleged deficient practice and through inserviceing and corrective actions will ensure fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. Executive Director to inservice Plant Operations Director on shift times to ensure compliance that fire drills will be held at least quarterly on each shift. Systemic change will be that the Executive Director will sign off on all fire drills to monitor for proper shift times. Drills will follow an annual prescheduled sequence calendar which will involve a drill on each shift per quarter. Executive Director or designee will monitor completion of fire drills occurring on</p>	06/19/2015

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K 0062 SS=C Bldg. 01	<p>fourth quarters (October, November and December) of 2014.</p> <p>b. Second shift (evening) of the third quarter (July, August, and September), and fourth quarters (October, November and December) of 2014.</p> <p>c. Third shift (night) of the second quarter (April, May, and June), third quarter (July, August, and September), and fourth quarters (October, November and December) of 2014.</p> <p>This was acknowledged by the DPO at the time of record review; furthermore, the DPO said the facility was without maintenance support during the time frame of the missing fire drills.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in reliable operating condition. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained</p>	K 0062	<p>each shift at least quarterly. Plant Operations Director will report all findings to monthly QA for three months and quarterly there after.</p> <p>No residents suffered ill affects of alleged findings on 2567L.Executive Director will inservice Director of Plant Operations on requirement of maintianing sprinkler system in reliable operating condition and to perform required maintenance if necessary. The facility sprinkler</p>	06/19/2015			

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	<p>in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-11.1 requires maintenance shall be performed to keep the sprinkler system equipment operable or to make repairs. 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 quarterly sprinkler system inspection reports on 05/20/15 at 11:05 a.m. with the Director of Plant Operations (DPO) present, the facility's sprinkler system inspection and testing report dated 12/09/14 stated "KFS recommends adding antifreeze to system due to the TEMPERATURE READING and PERCENTAGE READING of GLYCERIN being at improper levels." There was no further documentation available to show the glycerin readings were returned to the proper levels. This was acknowledged by the DPO at the time of record review.</p> <p>3-1.19(b)</p>		<p>system will be inspected for any necessary maintenance or repairs. Executive Director will review all quarterly sprinkler inspections for any needed repairs or maintenance. All results will be brought to QA monthly for 12 months.</p>	

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K 0144 SS=C Bldg. 01	<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>1. Based on record review and interview, the facility failed to provide documentation to show the generator was exercised under load for 4 of the past 12 months to meet the requirements of NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner,</p>	K 0144	<p>No residents suffered ill effects from the findings on the 2567 and through inservicing will ensure facility completes weekly generator test and will exercise generator under load for 30 minutes per month. Executive Director has inserviced Director of Plant Operations on NFPA 99 requirement that generator is inspected weekly and exercised under load for 30 minutes per month. Executive Director will review preventative maintenance manual for completion of weekly generator test and 30 minute generator load test. Executive Director will review weekly x 4 weeks, monthly x 3 months and then quarterly for 12 months with all results submitted to QA.</p>	06/19/2015

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	<p>based on facility operations. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the emergency generator-monthly test log on 05/20/15 at 10:55 a.m. with the Director of Plant Operations (DPO) present, there was no documentation available to show the emergency generator was tested under load during August, September, October, and November of 2014. This was acknowledged by the DPO at the time of record review.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections of the starting batteries for 1 of 1 emergency generators was maintained for 14 of 52 weeks. NFPA 99, 3-4.4.1.3 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage</p>			

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	<p>batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. NFPA 99, 3-4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the emergency generator-weekly test log on 05/20/15 at 10:55 a.m. with the Director of Plant Operations (DPO) present, there was no written record of the emergency generator's starting batteries being inspected weekly from 07/28/14 through 11/10/14. This was acknowledged by the DPO at the time of record review.</p> <p>3-1.19(b)</p>			