

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155631	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2014
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NAME OF PROVIDER OR SUPPLIER WHITE RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3710 KENNY SIMPSON LN BEDFORD, IN 47421
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K010000	<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: 01/29/14</p> <p>Facility Number: 001153 Provider Number: 155631 AIM Number: 200155900</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, White River Lodge 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 was determined to be of Type V (111) construction and was fully sprinklered. This entire facility is surveyed since a two hour fire barrier does not separate the assisted living on 100 hall and the adjacent certified area.</p>	K010000	<p>Preparation and execution of the plan of correction for the survey does not constitute admission of agreement by this provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the Federal and State law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents; nor are they of such character as to limit the provider's capacity to render adequate resident care. This plan of correction serves as the facility's written credible allegation that it will be in substantial compliance on or before February 28, 2014.</p>	
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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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	<p>The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 113 and had a census of 47 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for one garage which provides storage space for the facility.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/04/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010018 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 2 Activity room corridor doors would latch into their frames. This deficient practice could affect 10 residents observed in the Activity room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 01/29/14 at 1:20 p.m. with the Maintenance Supervisor, the corridor door leading into the Activities room from 200 hall would not latch into the door frame. Based on interview on 01/29/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned</p>	K010018	The facility does ensure corridor doors are free from impediment of closing and provided suitable means to keep close. The door identified in 2567 was adjusted immediately to ensure latching occurred when closed to door frame. A complete audit of all other corridor doors reflects no other identified negative findings. Maintenance Director will audit all corridor doors weekly x 4 , then monthly x 3 , then quarterly to ensure latching occurs when closed to door frame. Audits will continue based on QAPI review of negative findings. Any negative findings from the audits will be reported to the facility Quality Assurance and Performance Improvement (QAPI) committee meeting monthly.	02/06/2014			

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K010048 SS=F	<p>corridor door would not latch into the door frame at the time of inspection.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to include the use of the "ABC" and "K" fire extinguisher in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety pan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice could affect all residents in the facility as well as staff and visitors.</p>	K010048	The facility does have in place a written disaster plan with a fire policy and procedure that identifies use of alarms, transmission of alarms to fire department, response of alarms, isolation of fire, evacuation of immediate area and smoke department, preparation of evacuation and extinguishment of fire identifying the ABC class of fire extinguishers. The K class extinguisher is in place in the kitchen department along with an ABC extinguisher. The facility will review the Disaster and Fire plans and modify as appropriate to include K class extinguishers. The facility did and will continue to train all appropriate staff on use of K class extinguishers Administrator or designee will review Fire Plan and audit employee training files to ensure inclusion of K class extinguishers and report any negative findings to QAPI.	02/25/2014

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K010062 SS=F	<p>Findings include:</p> <p>Based on a record review of the facility's written fire disaster plan on 01/29/14 at 2:45 p.m. with the Maintenance Supervisor, the fire disaster plan did not include the use and location of the K-class and ABC fire extinguishers located in the kitchen and throughout the facility respectively, in relationship with the use of the kitchen overhead extinguishing system and as an all purpose extinguisher. Based on an interview on 01/29/14 at 2:47 p.m. with the Maintenance Supervisor, it was acknowledged the written fire safety plan for the facility did not include mention of the K-class or the ABC fire extinguishers.</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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete</p>	K010062	The facility does provide spare sprinkler heads on premises for replacement purposes.The	02/06/2014			

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	<p>supply of spare sprinklers in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents throughout the facility as well as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 01/29/14 at 1:45 p.m. with the Maintenance Supervisor, two identical pendant type sprinkler heads with red filaments were being utilized in the riser room, however, there were no pendant type sprinkler heads with a red glass filament in the spare sprinkler cabinet located in the riser room on 400 hall. Based on interview on 01/29/14 at 1:50 p.m. with</p>		<p>identified pendant type sprinkler head with red filaments were placed into cabinet along with other spare sprinkler heads within 24 hours of inspection. The maintenance supervisor or Administrator will audit cabinet for available replacement sprinkler heads monthly x 6 months to ensure at least 2 of each type and temperature rating for all used in facility. Audits will continue based on QAPI review of any negative findings. Any negative findings from the audits will be reported to the facility Quality Assurance and Performance Improvement (QAPI) committee meeting monthly.</p>				

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	<p>the Maintenance Supervisor, it was acknowledged the spare sprinkler cabinet located in the riser room did not have a minimum of two pendant sprinkler heads with red glass filaments.</p> <p>3.1-19(b)</p>			