

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155785	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2015
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NAME OF PROVIDER OR SUPPLIER WEST RIVER HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKHOFF RD EVANSVILLE, IN 47712
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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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: 08/04/15</p> <p>Facility Number: 012448 Provider Number: 155785 AIM Number: 201039500</p> <p>At this Life Safety Code survey, West River 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 hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 61 and had a census of 54 at the time of this survey.</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 0062 SS=F Bldg. 01	<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 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, observation and interview; the facility failed to ensure 2 of 2 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected and the necessary corrective action shall be taken. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the Life Safety Inspection book on 08/04/15 at 12:15 p.m. Director of Plant Operations present,</p>	K 0062	<p>There were no residents affected although all residents had the potential to be affected. The Director of Plant Operations has been made aware of the requirement of dry barrel hydrants to be inspected at least annually and after each operation. The systemic change is to add the fire hydrant inspection to the preventative maintenance log to ensure timely inspection. The Director of Plant Operations will continue to report all inspections due and completion dates to the Quality Assurance and Improvement Committee monthly for the next 12 months.</p> <p>The dry barrel hydrants have been inspected on and dated August 5, 2015.</p>	08/05/2015

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K 0144 SS=C Bldg. 01	<p>there was no documentation to show the facility's two fire hydrants have had an annual inspection within the past twelve months. Based on interview at the time of record review, the Director of Plant Operations confirmed the facility's two fire hydrants have not been inspected during the past twelve months. Based on observations on 08/04/15 between 12:30 p.m. and 2:30 p.m. during a tour of the facility with the Director of Plant Operations, there were two private fire hydrants on the facility's property.</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.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was inspected and exercised in accordance with NFPA 99. NFPA 99, 1999 Edition of Health Care Facilities at 3-4.1.1.8 states, the generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal</p>	K 0144	<p>There were no residents affected although all residents had the potential to be affected. The Director of Plant Operations has now been made aware of the requirement of recording the time (in seconds) after loss of normal power, until the generator set shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system and be within 10 seconds. The monitoring log has been updated to reflect this change in recording start time. The Director</p>	08/13/2015

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	<p>power. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. 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 Generator testing log on 08/04/15 at 11:30 a.m. with the Director of Plant Operations present, the generator log form documented the generator was tested monthly under load. There was no documentation on the form that showed the generator transfer time being recorded, or a cool down time after the load test being recorded. During an interview at the time of record review, the Director of Plant Operations confirmed the monthly generator log did not include documentation the transfer time was being recorded and a cool down time was being recorded.</p> <p>3.1-19(b)</p>		<p>of Plant Operations will monitor weekly for the next twelve months to ensure compliance. The DPO will forward to the Quality Assurance and Improvement Committee monthly for the next 12 months.</p> <p>The form has been updated and will be used for written record of inspection, performance, exercising period and repairs on August 13, 2015.</p>	