

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155632		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/20/2011	
NAME OF PROVIDER OR SUPPLIER LODGE OF THE WABASH				STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD VINCENNES, IN47591			
(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
K0000	<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: 09/20/11</p> <p>Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lodge of the Wabash was found in substantial 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 (000) construction and was fully</p>			K0000	<p>K0000Preparation and execution of the Plan of Correction for the Life Safety Code Recertification survey of September 20, 2011 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 it's residents; nor are they of such character as to limit this provider's capacity to render adequate patient care.This Plan of Correction serves as the facility's written Credible Allegation that it will be in substantial compliance on or before October 20, 2011.</p>		

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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K0052 SS=C	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors, and resident rooms. The facility has a capacity of 117 and had a census of 75 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/22/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on record review and interview, the facility failed to ensure documentation for the testing of all (117) smoke detectors accurately reflected the number of smoke detectors in the facility. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke</p>	K0052	<p>K052It is the practice of the facility to have routine checks performed on the smoke detectors and systems in the facility. The HFA and maintenance supervisor reviewed records of all system checks. The contractor was contacted by telephone to discuss proper completion of paperwork. A system check has been scheduled for October, 2011. The maintenance supervisor will visually tour with</p>	10/20/2011			

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	<p>detectors be tested annually. 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 fire alarm system inspection reports in the Inspections book on 09/20/11 at 10:30 a.m. with the Maintenance Supervisor and Floor Technician/Maintenance Assistant #1 present, the three most recent quarterly fire alarm system inspection reports dated 01/13/11, 04/12/11, and 07/21/11, all indicated on the cover page the facility was provided with thirty two Photo type smoke detectors and eighty four Ion type smoke detectors, however, the itemized list of smoke detectors on each of these quarterly reports indicated all smoke detectors were Photo type smoke detectors. The most recent smoke detector sensitivity test report dated 10/13/10 indicated the facility was provided with one hundred seventeen smoke detectors, including thirty two</p>		<p>the contractor to ensure appropriate documentation. To monitor for compliance, the HFA will review inspections for accuracy. The maintenace supervisor will review the inspections and report monthly at the safety committee meetings. The HFA will review safety committee minutes and report any adverse findings to the Quality Assurance committee for six months.</p>		

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	<p>Photo type and eighty five Ion type smoke detectors. During interview at the time of record review, the Maintenance Supervisor and Floor Technician/Maintenance Assistant # 1 acknowledged the discrepancy in the type and number of smoke detectors listed on the quarterly fire alarm system inspection reports and the most recent sensitivity test report.</p> <p>3-1.19(b)</p>				