

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155678	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/26/2012
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NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901
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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: 03/26/12</p> <p>Facility Number: 002667 Provider Number: 155678 AIM Number: 200300090</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Waterford Place Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building (1)consisting of the 100, 200, 300, 400 and 600 halls was surveyed with Chapter 19, Existing Health Care Occupancies.</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</p>	K0000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the accuracy or validity of the findings as alleged or conclusion set forth in the statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law.Please accept this Plan of Correction as Waterford Place Health Campus' Credible Allegation of Compliance.	

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>corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 103 and had a census of 83 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/02/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 open use areas was separated from the corridor, or met an Exception. LSC 19.3.6.1, Exception # 1 Spaces shall be permitted to be unlimited in area and open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke</p>	K0017	<p>1. No residents were affected.2. No residents were affected.3. Smoke/alarm system vendor installed smoke detector in Business Office. Director of Plant Operations (DPO) will inspect for, as part of monthly smoke system check, any areas open to a corridor without supervision from the nurse's station which is not protected by automatic smoke detection.4. The DPO will bring the results of these inspections to the monthly QAA Committee meeting for review for the next three months and then quarterly.5. April 25, 2012.</p>	04/25/2012

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	<p>detection system in accordance with 18.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect any resident near the business office by the front entrance as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/26/12 at 12:04 p.m. with the Maintenance Supervisor, the Business office next to the front entrance was open to the corridor. Exception # 1, requirement (c) of the Life Safety Code, Chapter 19.3.6.1 was not met as follows: the open area was not protected by an automatic smoke detection system or arranged to allow direct supervision by facility staff from a continuously staffed area such as a nurses' station. Based on interview on 03/26/12 at 12:06 p.m. with the Maintenance Supervisor, it was acknowledged the Business office which was open to the corridor without supervision from the nurse's station was not protected by automatic smoke detection.</p> <p>3.1-19(b)</p>			

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K0050 SS=C	<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. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to insure fire drills included the transmission of a fire alarm signal in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 on 03/26/12 with Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months from 03/11 to 03//12, indicated the fire alarm system had been activated, but the verification of the transmission of the</p>	K0050	<p>1. No residents were affected.2. No residents were affected.3. The DPO has been re-educated on how to document the verification of the transmission of the fire alarm signal on the Fire Drill checklist sheet.4. The DPO will bring the completed Fire Drill checklist sheet to the Executive Director upon completion of the fire drill. Executive Director will ensure that the appropriate documentation regarding transmission of the signal has been completed. DPO will bring the results of the monthly fire drill checks to the monthly QAA Committee for three months and then quarterly.5. April 25, 2012.</p>	04/25/2012			

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	<p>signal was not documented. Based on interview on 03/26/12, the Maintenance Supervisor acknowledged none of the fire drill reports documented the transmission of the signal was received..</p> <p>3.1-19(b) 3.1-51(c)</p>			

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K0051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 2 of 201 smoke detectors in the facility were installed in a location which would allow the smoke detector to function to its fullest capability. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 22 residents on back hall southeast and 10 residents in the dining room adjacent to back hall as well as visitors and staff.</p> <p>Findings include:</p>	K0051	<p>1. No residents were affected.2. No residents were affected.3. All smoke detectors within 36 inches of an air diffuser have been moved to allow for the appropriate distance. Director of Plant Operations (DPO) will ensure, as part of monthly smoke system check, that smoke detectors are placed 36 inches or more from an air diffuser.4. The DPO will bring the results of the monthly smoke system check to the monthly QAA Committee meeting for review for the next three months and then quarterly.5. April 25, 2012.</p>	04/25/2012			

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	<p>Based on observation on 03/26/12 during the tour between 1:20 p.m. and 1:55 p.m. with the Maintenance Supervisor, the smoke detector just east of the kitchen, adjacent to the dining room, was within eight inches of an air diffuser in the ceiling. Furthermore, in the laundry room on back hall, a smoke detector was within twenty eight inches of an air diffuser.</p> <p>Based on interview on 03/26/12 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned smoke detectors were installed within three feet of an air supply duct in the ceiling which would interfere with the smoke detector's ability to detect smoke to its fullest capability.</p> <p>3.1-19(b)</p>				

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K0064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect any residents using the main dining room, located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 03/26/12 at 1:38</p>	K0064	<p>1. No residents were affected.2. No residents were affected.3. A placard stating that "In case of appliance fire, use this extinguisher after fixed suppression system has been activated." has been placed conspicuously near the K class extinguisher located in the kitchen. The Director of Plant Operations (DPO) will ensure, as part of monthly smoke system check, that the placard is affixed and conspicuously placed near the K class extinguisher.4. The DPO will bring the results of the monthly smoke system check to the monthly QAA Committee meeting for review for the next three months and then quarterly.5. April 25, 2012.</p>	04/25/2012			

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	<p>p.m. with the Maintenance Supervisor, there was a K class extinguisher conspicuously placed next to the entry door to the kitchen, but it lacked a placard. Based on interview on 03/26/12 at 1:40 p.m. with the Maintenance Supervisor, it was acknowledged the K class portable fire extinguisher was not provided with a placard.</p> <p>3.1-19(b)</p>			

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K0068 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 boilers in the TCS east hall mechanical room was provided with intake combustion air from the outside. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for 20 residents on 600 east hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/26/12 at 2:57 p.m. with the Maintenance Supervisor, the eighty gallon fuel fired boiler in the TCS east hall mechanical room did not have a fresh air intake. Based on interview on 03/26/12 at 2:59 p.m., it was acknowledged by the Maintenance Supervisor the fuel fired boiler did not have a fresh air intake.</p> <p>3.1-19(b)</p>	K0068	<p>1. No residents were affected.2. No residents were affected.3. Fresh air intake has been installed to allow intake combustion air from the outside. The Director of Plant Operations (DPO) will inspect for, as part of monthly smoke system check, that any boiler or heater rooms have combustion and ventilation air taken from and discharged to the outside.4. The DPO will bring the results of these inspections to the monthly QAA Committee meeting for review for the next three months and then quarterly.5. April 25, 2012.</p>	04/25/2012			

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K0143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation which could not be turned off. This deficient practice could affect 16 residents on 600 hall west as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on observation on 03/26/12 at 2:46 p.m. with the Maintenance Supervisor, the oxygen storage room on 600 hall west used to store and transfer oxygen was provided with electrically powered mechanical ventilation, but it was not working at the time of inspection. Based</p>	K0143	<p>1. No residents were affected.2. No residents were affected.3. A new exhaust fan motor was installed to replace the faulty unit. The Director of Plant Operations (DPO) will inspect for, as part of monthly smoke system check, any areas where oxygen transfer occurs will have continuously working, electrically powered mechanical ventilation.4. The DPO will bring the results of these inspections to the monthly QAA Committee meeting for review for the next three months and then quarterly.5. April 25, 2012.</p>	04/25/2012			

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	<p>on interview on 03/26/12 at 2:50 p.m. it was acknowledged by the the Maintenance Supervisor, this room was used to transfer oxygen and though it had an electrically powered mechanical vent, it was not working.</p> <p>3.1-19(b)</p>			

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	<p>alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 103 and had a census of 83 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155678		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 03/26/2012	
NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901			
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K0050 SS=C	<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 insure fire drills included the transmission of a fire alarm signal in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 18.7.1.2 requires that fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 on 03/26/12 with Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months from 03/11 to 03//12, indicated the fire alarm system had been activated, but the verification of the transmission of the</p>	K0050	<p>1. No residents were affected.2. No residents were affected.3. The DPO has been re-educated on how to document the verification of the transmission of the fire alarm signal on the Fire Drill checklist sheet.4. The DPO will bring the completed Fire Drill checklist sheet to the Executive Director upon completion of the fire drill. Executive Director will ensure that the appropriate documentation regarding transmission of the signal has been completed. DPO will bring the results of the monthly fire drill checks to the monthly QAA Committee for three months and then quarterly.5. April 25, 2012.</p>	04/25/2012			

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	<p>signal was not documented. Based on interview on 03/26/12 the Maintenance Supervisor acknowledged none of the fire drill reports documented the transmission of the signal was received..</p> <p>3.1-19(b) 3.1-51(c)</p>			

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NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901			
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K0051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 2 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents in the Legacy building as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/26/12 at 3:10 p.m. with the Maintenance Supervisor, the fire alarm system circuit breaker could</p>	K0051	<p>1. No residents were affected.2. No residents were affected.3. All smoke detectors within 36 inches of an air diffuser have been moved to allow for the appropriate distance. Director of Plant Operations (DPO) will ensure, as part of monthly smoke system check, that smoke detectors are placed 36 inches or more from an air diffuser.4. The DPO will bring the results of the monthly smoke system check to the monthly QAA Committee meeting for review for the next three months and then quarterly.5. April 25, 2012.</p>	04/25/2012			

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	not be located. Based on interview on 03/26/12 at 3:15 p.m. with the Maintenance Supervisor, it was acknowledged the location of the breaker for the fire alarm panel was unknown.. 3.1-19(b)			