

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  01/15/2014
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NAME OF PROVIDER OR SUPPLIER  LODGE OF THE WABASH	STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD VINCENNES, IN 47591
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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: 01/15/14</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 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in areas open to the corridors, and in all resident</p>	K010000	Preparation and execution of the Plan of Correction for the Life Safety Code Recertification survey of January 15, 2014 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 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 February 14, 2014.	

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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K010046 SS=C	<p>sleeping rooms. The facility has a capacity of 117 and had a census of 56 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a garage used as a maintenance shop and for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review and interview, the facility failed to ensure the documentation for the testing of 1 of 1 battery powered light sets was complete when testing monthly for 30 seconds and annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required</p>	K010046	K046It is the practice of the facility to perform inspections and document findings.The HFA and maintenance supervisor reviewed policy for documentation and required information for monitoring battery powered lighting systems. The documentation of these tests was done by the facility, but wasn't in	02/14/2014

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	<p>emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. 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 Generator Log on 01/15/14 at 12:15 p.m. with the Maintenance Supervisor present, there was documentation to show the battery back up light set over the generator was tested monthly, however, it did not indicate the test was for at least thirty seconds. Furthermore, there was no documentation to show the battery back up light set was tested for ninety minutes annually within the past twelve months. This was confirmed by Maintenance Supervisor at the time of record review.</p>		<p>detail to include 30 second monitoring. The monitoring log was reviewed to ensure time, date, and length of test for the system is included. The time is to include 30 minutes monthly with visual 30 seconds and 1 1/2 hours annually. To monitor for compliance, the HFA will review documentation monthly to ensure appropriate information is included. To ensure continued compliance, the findings will be reviewed during the safety committee meetings monthly and negative findings reviewed at the Quality Assurance Performance Improvement meetings monthly.</p>				

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K010143 SS=E	<p>3-1.19(b)</p> <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 transferring takes place was provided with mechanical ventilation. This deficient practice could affect any number of residents as well as staff and visitors while in the Activity Lounge or around the Nurses' Station which were adjacent to the oxygen room.</p> <p>Findings include:</p> <p>Based on observation on 01/15/14 at 10:15 a.m. during a tour of the facility with the Maintenance Supervisor, the</p>	K010143	K143The facility does have a designated storage area for oxygen. A ventilation fan will be installed in the oxygen storage area.To monitor for compliance, the maintenance supervisor will check the ventilation fan monthly and document on preventative maintenance log.To ensure continued compliance, the preventative maintenance logs will be reviewed and addressed by the HFA at the monthly safety committee meetings and any adverse findings discussed at the QAPI meeting.	02/14/2014			

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K010144 SS=F	<p>oxygen storage/transfer room had three large liquid oxygen tanks. There was no mechanical ventilation provided in this room. This was acknowledged by the Maintenance Supervisor at the time of observation.</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>1. Based on observation, record review, and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines,</p>	K010144	K144The facility does inspect the generator weekly and exercise under load for 30 minutes per month. The facility will install a remote shut off device for the generator. The HFA and maintenance supervisor reviewed protocol for accurate documentation of generator testing. The generator log was reviewed to ensure understanding and documentation of the percentage of load per requirements. The HFA and maintenance supervisor reviewed protocol for inspecting and monitoring batteries weekly for the generator. To monitor for compliance, the HFA will review generator logs weekly for load percentage and battery checks. To ensure continued compliance, the preventative maintenance and generator logs	02/14/2014

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	<p>1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 01/15/14 between 9:00 a.m. and 10:30 a.m. during a tour of the facility with the Maintenance Supervisor, a remote shut off device for the generator was not found. Based on interview at 10:00 a.m., the Maintenance Supervisor said the generator was installed in the summer of 2013 and acknowledged there was no remote shut off device for the generator.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems.</p>		will be reviewed monthly at the safety committee meetings and any adverse findings discussed at the QAPI meeting monthly.				

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	<p>NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. 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 Log on 01/15/14 at 10:45 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested weekly, however, there was no accurate documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months. The generator log form was provided with the question; "Load" with the answer being a slash in the column. The only month where the "Load" column was complete was for September of</p>						

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	<p>2013, but a percentage of load was not included. During an interview at the time of record review, the Maintenance Supervisor confirmed the weekly generator log did not include accurate documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes, furthermore, the Maintenance Supervisor said he was not sure if the new generator ran under load conditions during each of its weekly test runs. The Maintenance Supervisor also said the September 2013 load test was a manual test when he cut power to the entire facility.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for 1 of 1 emergency generators was available for 40 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</p>						

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	<p>immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly. 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 facility's Generator Log on 01/15/14 at 10:45 a.m. with the Maintenance Supervisor present, there was documentation on the log sheet to show visual inspections of the generator's storage batteries and appurtenant components, however, these items were only documented once during each month without identifying which week the items were inspected. The only item documented every week was the start time and stop time of each generator run. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the inspection of the storage batteries and all</p>			

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	<p>appurtenant components of the generator were not documented every week, but only once a month without identifying which individual week on the Generator Log form.</p> <p>3.1-19(b)</p>			