STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES HEALTH CARE CENTER	3301 N CALUMET AVE VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/11/12 Facility Number: 000176 Provider Number: 155277 AIM Number: 100288940 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, Whispering Pines Health Care Center 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. This facility is located in two, two story buildings with walk out lower levels and connected by the "tunnel", a one story corridor. The two buildings, identified as the Pines and the Manor were determined	K0000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Whispering Pines desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on August 10, 2012.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	to be of Type II (111) construction, built prior to March 1, 2003 and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in resident sleeping Rooms # 1 through # 43 and has smoke detectors hard wired to the fire alarm system in all other resident sleeping rooms. The facility has a capacity of 150 and had a census of 117 at the time of this visit. The facility was found in compliance with the state law in regard to sprinkler coverage and smoke detector coverage. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/16/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0144 SS=F	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. 1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for 2 of 2 emergency generators was maintained for 52 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 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 immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 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, staff and visitors. Findings include: Based on record review with the	K0144	K144 It is the policy of this facility to inspect generators weekly and exercise them under load for 30 minutes per month in accordance with NFPA 99. **I. <u>Specific Corrective Actions:</u>** 1. The starting batteries for each generator were inspected and a new log was created, for each generator, to use as the complete written record of weekly inspections of the starting batteries for both emergency generators. 2. A monthly load test was performed and a new log was created, for each generator, to document monthly load tests for both generators under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating or under loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. 3. The emergency power transfer time was noted during the monthly load test and	08/10/2012

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	Executive Director and the Maintenance Director on 07/11/12 from 9:50 a.m. to 11:25 a.m., weekly emergency generator starting battery inspection records were not available for review. Based on interview at the time of record review, the Executive Director and the Maintenance Director stated the former Maintenance Director took weekly generator records and acknowledged weekly emergency generator battery inspection records were not available for review. 3.1-19(b) 2. Based on record review and interview, the facility failed to ensure a monthly load test for 2 of 2 emergency generators was conducted for 12 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:		documented on the new monthly load test log, for each generator. **II. <u>Identification and correction of others:</u>** There are only two emergency generators and both will be monitored weekly and monthly as stated above under Specific Corrective Actions. All weekly and monthly checks/tests will be documented on the new logs. **III. <u>Systemic Changes:</u>** Both the weekly and monthly generator logs will be reviewed with maintenance staff to ensure understanding of completion and sign off responsibility. **IV. <u>Monitoring:</u>** The maintenance supervisor, or designee, will provide the Executive Director with a copy of the weekly generator log each week; and a copy of the monthly generator log each month.	

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	a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating. b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. 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, staff and visitors. Findings include: Based on record review with the Executive Director and the Maintenance Director on 07/11/12 from 9:50 a.m. to 11:25 a.m., monthly load test documentation was not available for review. Based on interview at the time of record review, the Executive Director and the Maintenance Director stated the former Maintenance Director took monthly generator load testing records and acknowledged acknowledged monthly load test documentation for the period of July 2011 through June 2012 was not available for review.			

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	3.1-19(b) 3. Based on record review and interview, the facility failed to ensure emergency power would be transferred to 2 of 2 emergency generators within 10 seconds of building power loss for 12 of 12 months. NFPA 99, 3-4.1.1.8 states 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 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, staff and visitors. Findings include: Based on record review with the Executive Director and the Maintenance Director on 07/11/12 from 9:50 a.m. to 11:25 a.m., monthly load test documentation of emergency power transfer time was not available for review. Based on interview at the time of record review, the Executive Director and the Maintenance Director stated the former Maintenance Director took monthly generator load testing records and			

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	acknowledged monthly load test documentation for emergency power transfer time for the period of July 2011 through June 2012 was not available for review. 3.1-19(b)			