

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155158	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/12/2011
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF THE WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELIZABETH DR VALPARAISO, IN46383
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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: 10/12/11</p> <p>Facility Number: 000078 Provider Number: 155158 AIM Number: 100289310</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Life Care Center of the Willows 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>	K0000		

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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K0062 SS=E	<p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The building was constructed in 1975. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and areas open to the corridors. The facility has a capacity of 100 and had a census of 68 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/18/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>			

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	<p>Based on observation and interview, the facility failed to replace 6 of 6 sprinklers in the kitchen and dish room which had been painted and corroded. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires that any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could effect the staff in and near the kitchen and dish room as well as residents in the adjoining dining room.</p> <p>Findings include:</p> <p>Based on observation during a tour with the maintenance supervisor on 10/12/11 at 3:25 p.m., the two automatic sprinklers in the dish room and four in the kitchen were</p>	K0062	<p>K0621. Corrective action accomplished for residents affected by the alleged deficient practice: The Maintenance Director has contracted with SafeCare to replace 6 discolored sprinkler heads located in dietary. All work was completed on 10/27/2011.2. How the facility will identify other resident potentially affected by the same alleged deficient practice: The Maintenance Director had SafeCare inspect the facility and there were no other sprinkler heads to be out of compliance. The Maintenance Director and or designee will ensure the sprinkler heads are installed and not discolored by conducting facility wide audit for any discolored sprinkler heads.3. What measures were put into place or systematic changes made to ensure that the alleged deficient practice does not recur: The Maintenance Director will add checking sprinkler heads on the monthly round checklist and document in the Preventative Maintenance Logs.4. How the corrective action will be monitored to ensure the alleged deficient practice will not recur: The Maintenance Director and or designee will submit audits to the Executive Director monthly. Monthly audits will continue for a period of 6 months to ensure 100% compliance.</p>	11/11/2011	

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K0144 SS=F	<p>painted and corroded. The maintenance supervisor stated at the time of the observation, he was not aware of the problem.</p> <p>3.1-19(b)</p> <p>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 a written record of weekly inspections of the starting batteries for the generator was maintained for 8 of 52 weeks for the generator set. 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 storage batteries,</p>	K0144	F: K1441. Corrective action accomplished for residents affected by the alleged deficient practice: On 10/13/2011 the Maintenance Director implementd a revised weekly generator inspection log to ensure that the generator is inspected within the 7 day time frame.2. How the facility will identify other resident potentially affected by the same alleged deficient practice: The Maintenance Director and or designee will ensure that the generator inspection is inspected 7 day time frame. This weekly inspection will be added to the weekly Preventative Maintenance Log.3. What measures were put into place or systematic changes made to ensure that the alleged deficient practice does not recur: The Maintenance Director will add the 7 day generator inspection schedule to the Preventative Maintenance	11/11/2011	

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	<p>including electrolyte levels, be inspected at intervals of not more than 7 days. Chapter 3-4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator logs with the maintenance supervisor on 10/12/11 at 2:25 p.m., the generator battery was not inspected at intervals no longer than seven days for the weeks of 03/21/11, 04/05/11, 05/02/11, 05/16/11, 06/06/11, 07/19/11, 08/08/11 and 08/16/11. The maintenance supervisor stated at the time of record review, he was not aware of the requirement.</p> <p>3.1-19(b)</p>		<p>Log.4. How the corrective action will be monitored to ensure the alleged deficient practice will not recur: The Maintenance Director and or designee will submit audits to the Executive Director monthly. Monthly audits will for a period of 6 months ensure 100% compliance.</p>		