

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155787	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2015
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NAME OF PROVIDER OR SUPPLIER INDIANA VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3851 N RIVER RD WEST LAFAYETTE, IN 47906
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K 000 Bldg. 01	<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: 04/16/15</p> <p>Facility Number: 001134 Provider Number: 155787 AIM Number: 200817200</p> <p>At this Life Safety Code survey, Indiana Veterans Home 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 facility located in three buildings identified as Mitchell Hall (3 story), Pyle Hall (3 story) and MacArthur Hall (4 story) was determined to be of Type 1 (443) construction and was fully sprinklered. The buildings were surveyed as one since they were all constructed prior to March 1, 2003. MacArthur and Pyle Halls have</p>	K 000	<p>Preparation and/or execution of the Plan of Correction in general, or these corrective actions in particular, does not constitute an admission or agreement by this facility of the truth of the facts alleged or the conclusions set forth in this statement of deficiencies. This plan of correction and specific actions are prepared and/or executed in compliance of the Indiana State Department of Health Guidelines. This plan of correction is not meant to establish a standard of care, contract, obligation or position and the Indiana Veterans' Home reserves all possible contentions and defenses to the allegations and conclusions made by the inspection team.</p>	
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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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K 050 SS=F Bldg. 01	<p>basements. There is a partial basement under the mechanical room on Mitchell Hall. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 197 and had a census of 165 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services except for one detached generator building and maintenance shop which were not sprinklered.</p> <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 Based on record review and interview, the facility failed to ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station 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</p>	K 050	<p>1. WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDNETS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? Adding to the Fire Drill Report is the responsibility of the Switchboard</p>	04/29/2015

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	<p>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 residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 04/16/15 at 4:14 p.m. with the Director of Operations, 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 03/2014 to 03/2015 indicated the fire alarm system had been activated, but the verification of the transmission of the signal was not documented. Based on interview concurrent with record review it was acknowledged by the Director of Operations none of the fire drill reports documented the transmission of the signal was received by the monitoring station.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>Operator, at the time a fire drill has started, to call back to Siemens Technology to verify the signal has been transmitted.</p> <p>2. HOW WILL OTHER RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN?</p> <p>Adding to the Fire Drill Report is the responsibility of the Switchboard Operator, at the time a fire drill has started, to call back to Siemens Technology to verify the signal has been transmitted</p> <p>3. WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR?</p> <p>Safety will do random inspections of fire drill reports to ensure this is compliant.</p> <p>4. HOW WILL THE CORRECTIVE ACTIONS BE MONITORED TO ENSURE THE DEFICIENT WILL NOT RECUR?</p> <p>Safety Personnel will verify with Siemens Technology that signals were transmitted, this will be done on a monthly bases.. This will be reviewed by Quality Assurance for 6 months.</p> <p>5. BY WHAT DATE WILL THE SYSTEMIC CHANGES BE COMPLETED?</p>		

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K 143 SS=E Bldg. 01	<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. This deficient practice could affect 8 residents on Mitchell Hall south as well as visitors and staff in the area.</p>	K 143	<p>Completed by:</p> <p>1. Addition to the Fire Drill Report 4/29/2015</p> <p>2. A Preventive Maintenance Work Order has been created for Safety to do random audits on Fire Drill Reports every 30 days. 4/29/2015</p> <p>1. WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDNETS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?</p> <p>1. Check operation of the Ventilation Fan Motor in the Oxygen Room.</p> <p>2. The Ventilation Fan Motor needs to be ordered for the Oxygen Room</p>	05/16/2015	

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	<p>Findings include:</p> <p>Based on observation on 04/16/15 at 12:46 p.m. with the Maintenance Supervisor, the oxygen storage room on Mitchell Hall first floor west which is adjacent to Mitchell Hall south, is used to store and transfer oxygen was not provided with electrically powered mechanical ventilation. Based on interview on 04/16/15 at 12:50 p.m. it was acknowledged by the Director of Operations, this room was used to transfer oxygen and was unaware it was required to have electrically powered mechanical ventilation.</p> <p>3.1-19(b)</p>		<p>and will be replaced immediately upon arrival.</p> <p>2. HOW WILL OTHER RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN? Only one (1) area is affected by this Ventilation Fan.</p> <p>3. WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR? 1. Security will check daily and will sign check out sheet located in Oxygen Room. 2. A Preventive Maintenance Work Order will be generated for every 7 days for Maintenance Personnel to check this Ventilation Fan for proper function.</p> <p>4. HOW WILL THE CORRECTIVE ACTIONS BE MONITORED TO ENSURE THE DEFICIENT WILL NOT RECUR? A Preventive Maintenance Work Order will be generated for Maintenance Personnel to check the Oxygen Room every 7 days to ensure the Ventilation Fan is working properly. This will also be reviewed by Quality Assurance for 6 months.</p> <p>5. BY WHAT DATE WILL THE SYSTEMIC CHANGES BE COMPLETED?</p>		

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K 144 SS=C Bldg. 01	<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>Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds</p>	K 144	<p>Completed by:</p> <p>1. Check operation of the Ventilation Fan in Oxygen Room 5/16/2015</p> <p>2. Order new Ventilation Fan Motor and replace 5/16/2015</p> <p>3. Security will check for proper operation daily and sign off on daily check sheet. 5/16/2015</p> <p>1. WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDNETS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? Adding the transfer times on our Generator Monthly Test Log.</p> <p>2. HOW WILL OTHER RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PROACTICE BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN? A Preventive Maintenance Work Order will be generated every 30 days.</p> <p>3. WHAT MEASURES WILL BE</p>	04/29/2015	

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	<p>after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 04/16/15 at 3:46 p.m. with the Director of Operations, the number of seconds for the generator to transfer load was not documented. Based on interview on 04/16/15 at 3:47 p.m. with the Director of Operations it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and was unaware it needed to documented.</p> <p>3.1-19(b)</p>		<p>PUT IN PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT OCCUR?</p> <p>A Preventive Maintenance Work Order will be generated every 30 days and signed off by Safety Personnel</p> <p>4. HOW WILL THE CORRECTIVE ACTIONS BE MONITORED TO ENSURE THE DEFICIENT WILL NOT RECUR?</p> <p>A Preventive Maintenance Work Order will be generated Maintenance Personnel every 30 days for the running of the Generators with the transfer times added for each building after each test. This will also be reviewed by Quality Assurance for 6 months.</p> <p>5. BY WHAT DATE WILL THE SYSTEMIC CHANGES BE COMPLETED?</p> <p style="text-align: right;">Completed by: Completion of each Generator Test Log complete with the transfer times of each building.</p> <p style="text-align: right;">4/29/2015</p>		