

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155830	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/27/2016
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NAME OF PROVIDER OR SUPPLIER HARRISON'S CROSSING HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 395 8TH AVENUE TERRE HAUTE, IN 47804
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K 0000 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: 06/27/16</p> <p>Facility Number: 013335 Provider Number: 155830 AIM Number: 201290670</p> <p>At this Life Safety Code survey, Harrison's Crossing Health Campus was found not in compliance with Requirements for Participation 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility, located on the first floor of a two story building, was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and has smoke detectors hard wired to the fire alarm system in all resident</p>	K 0000	We would appreciate your consideration for review of paper compliance. It would be our pleasure to provide any additional information needed.	

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 0046 SS=F Bldg. 01	<p>sleeping rooms. The facility has a capacity of 72 and had a census of 68 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/05/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1.</p> <p>Based on record review, observation, and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 3 of 3 battery operated emergency lights. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a 30 second functional test to be conducted at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ -hour duration. 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</p>	K 0046	<p>K 064</p> <p>All residents are at risk to be affected by the alleged deficiency and through alterations in processes and in servicing the campus will ensure monthly inspections of all battery operated emergency lighting is conducted at least every 30 days and 1 1/2 hour testing annually.</p> <p>Completion Date 7-27-16</p> <p>Systemic change the campus will complete a monthly log of all battery backup emergency lighting with an annual 90 minute test signed by</p>	07/27/2016

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	<p>authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Life Safety Inspection Log Sheet," "Trilogy Common Area Monthly Inspection Sheet" and "Trilogy Back of House PM Inspection Sheet" documentation with the visiting Director of Plant Operations during record review from 9:45 a.m. to 12:10 p.m. on 06/27/16, documentation of monthly 30 second and annual 90 minute functional testing for battery powered emergency lighting systems in the facility for the most recent twelve month period was not available for review. Based on observations with the visiting Director of Plant Operations during a tour of the facility from 12:10 p.m. to 2:30 p.m. on 06/27/16, three battery powered emergency lighting systems were located in the facility including the transfer switch location and emergency generator location and each light functioned when its respective test button was pushed. Based on interview at the time of record review and of the observations, the visiting Director of Plant Operations acknowledged monthly and annual functional testing documentation for the aforementioned three battery operated</p>		<p>DPO/ ED/designee. Completion Date 7-27-16</p> <p>DPO will complete audit checks and forward to QA committee monthly times 6 months and quarterly thereafter for review. Completion Date 7-27-16</p>	

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K 0050 SS=F Bldg. 01	<p>emergency lights for the most recent twelve month period was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p> <p>1. Based on record review and interview, the facility failed to document activation of the fire alarm system for second shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 1 of 4 quarters. LSC 18.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in</p>	K 0050	<p>K 050</p> <p>All residents are at risk to be affected by the alleged deficiency and through proper processes, in servicing and auditing the campus the facility will ensure monthly fire drills will be held at unexpected times under varying conditions, at least quarterly on each shift.</p> <p>Completion Date 7-27-2016</p> <p>Systemic change the campus will complete a monthly log audit of all fire drills at unexpected times during</p>	07/27/2016

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	<p>the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills: Fire" and "Fire Drill Attendance Sheet" documentation with the visiting Director of Plant Operations during record review from 9:45 a.m. to 12:10 p.m. on 06/27/16, documentation for the second shift fire drill conducted in the third quarter of 2015 on 07/06/15 at 3:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal. The aforementioned fire drill documentation stated "Silent" in response to "Describe the situation used and the location of the danger area." Based on interview at the time of record review, the visiting Director of Plant Operations acknowledged documentation for the aforementioned fire drill conducted after 6:00 a.m. but before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the first and third shift for</p>		<p>varying conditions, and at least quarterly and the ED to sign monthly.</p> <p>Completion Date 7-27-2016</p> <p>ED/designee will complete fire drill audit monthly to ensure all fire drills are conducted per guidelines with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 7-27-16</p>		

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K 0062 SS=F Bldg. 01	<p>3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Record of Drills: Fire" and "Fire Drill Attendance Sheet" documentation with the visiting Director of Plant Operations during record review from 9:45 a.m. to 12:10 p.m. on 06/27/16, the following was noted:</p> <p>a. first shift fire drills conducted on 09/11/15, 12/17/15 and 03/01/16 were conducted at, respectively, 10:00 a.m., 10:00 a.m. and 10:43 a.m.</p> <p>b. third shift fire drills conducted on 05/26/15, 11/17/15 and 02/24/16 were conducted at, respectively, 5:30 a.m., 5:30 a.m. and 5:00 a.m.</p> <p>Based on interview at the time of record review, the visiting Director of Plant Operations acknowledged the aforementioned first and third shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested</p>			

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	<p>periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>1. Based on record review, observation and interview; the facility failed to ensure quarterly sprinkler inspections were conducted for the sprinkler system for 1 of 4 calendar quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code to be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1-8 requires records of inspections and tests of the sprinkler system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Armour Fire Protection "Form for Inspection, Testing & Maintenance of Fire Sprinkler Systems" documentation dated 06/08/15, 12/14/15, 03/02/16 and 06/08/16 with the visiting Director of Plant Operations during record review from 9:45 a.m. to 12:10 p.m. on 06/27/16, documentation of quarterly sprinkler inspection for the</p>	K 0062	<p>K 062</p> <p>Sprinkler inspection was done in June 20016 and scheduled in September of 2016 by Armhor Fire Protection. All sprinkler heads will be inspected and repaired aligned parallel to ceiling by Armhor Fire Protection on 7-22-16.</p> <p>Completion Date 7-27-2016</p> <p>All residents and staff have the potential to be affected and therefore to ensure compliance through sprinkler inspection and the repair of 3 sprinkler heads.</p> <p>Completion Date 7-27-2016</p> <p>The systemic change is that the new Director of Plant operations will be serviced regarding regulation of the quarterly sprinkler inspection code and placement/maintenance of all sprinkler heads per code.</p> <p>Competition Date 7-27-2016</p> <p>The Director of Plant Operations will complete quarterly checks of the sprinkler inspections and perform a monthly check of all sprinkler heads with results forwarded to QA committee monthly times 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date</p>	07/27/2016			

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	<p>third quarter (July, August, September) 2015 was not available for review. Based on observation with the visiting Director of Plant Operations during a tour of the facility from 12:10 p.m. to 2:30 p.m. on 06/27/16, hanging tags affixed to the sprinkler system riser by Armour Fire Protection to document sprinkler inspections did not indicate a quarterly sprinkler inspection was documented for the third quarter of 2015. Based on interview at the time of record review and observation, the visiting Director of Plant Operations acknowledged documentation of quarterly sprinkler inspection for the third quarter (July, August, September) 2015 was not available for review.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 3 of over 100 sprinkler heads were maintained. NFPA 13, Standard for the Installation of Sprinkler Systems, Section 3-2.7.2 states escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. Section 5-5.4.2 states deflectors of sprinklers shall be aligned parallel to ceilings, roofs, or the incline of stairs. This deficient practice could affect 50 residents, staff and visitors.</p>		7-27-2016				

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K 0144 SS=F Bldg. 01	<p>Findings include:</p> <p>Based on observations with the visiting Director of Plant Operations during a tour of the facility from 12:10 p.m. to 2:30 p.m. on 06/27/16, the following was noted:</p> <p>a. the pendent sprinkler location with its attached escutcheon plate in the bulkhead of Room 212 had moved three inches down from its installed location creating a two inch hole in the bulkhead and causing the deflector to not be aligned parallel to the ceiling.</p> <p>b. the recessed sprinkler located in bathroom to Physical Therapy and the recessed sprinkler near the exit door of Physical Therapy to the outside of the facility were each missing its respective cover plate and had dropped down from its recessed position.</p> <p>Based on interview at the time of the observations, the visiting Director of Plant Operations acknowledged the aforementioned automatic sprinkler locations had missing cover plates or were not aligned parallel to the ceiling.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised</p>			
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	<p>under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>1. Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted for 2 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:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>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</p>	K 0144	<p>K 144</p> <p>All residents are at risk to be affected by the alleged deficiency and through alterations in processes and in servicing the campus will ensure monthly load test are performed for emergency generator and records of weekly inspections of start batteries for the emergency generator .</p> <p>Completion Date 7-27-16</p> <p>Systemic change the campus will complete a monthly log of emergency generator load testing and weekly records of inspections for start batteries for emergency generator..</p> <p>Completion Date 7-27-16</p> <p>ED/designee will complete load testing and start battery inspections weekly per audit documentation with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 7-27-16</p>	07/27/2016

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	<p>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.</p> <p>Findings include:</p> <p>Based on review of "Generator Log Sheet" and "Weekly Generator Test" documentation with the visiting Director of Plant Operations during record review from 9:45 a.m. to 12:10 p.m. on 06/27/16, documentation of monthly load testing for April and May 2016 was not available for review. Based on interview at the time of record review, the visiting Director of Plant Operations acknowledged monthly load testing documentation for April and May 2016 was not available for review.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for the emergency generator was maintained for 8 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</p>			

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	<p>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.</p> <p>Findings include:</p> <p>Based on review of "Generator Log Sheet" and "Weekly Generator Test" documentation with the visiting Director of Plant Operations during record review from 9:45 a.m. to 12:10 p.m. on 06/27/16, documentation of weekly inspections of the starting batteries for the emergency generator for the weeks of the eight week period of 03/28/16 through 05/23/16 was not available for review. Based on interview at the time of record review, the visiting Director of Plant Operations acknowledged documentation of weekly inspections of the starting batteries for the emergency generator for the aforementioned eight</p>			

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	week period was not available for review. 3.1-19(b)				