

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 10/24/2013
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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 N CALUMET AVE VALPARAISO, IN 46383
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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>This survey was done in conjunction with the investigation of Complaint Number: IN00137696</p> <p>Survey Date: 10/24/13</p> <p>Facility Number: 000176 Provider Number: 155277 AIM Number: 100288940</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>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.</p> <p>This facility is located in two, two story buildings with walk out lower levels and</p>	K010000		
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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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	<p>connected by the "tunnel", a one story corridor. The two buildings, identified as the Pines and the Manor were determined 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 hard wired smoke detectors supervised by the fire alarm system in all other resident sleeping rooms. The facility has a capacity of 150 and had a census of 113 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/06/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010020 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>Based on observation and interview, the facility failed to ensure the passage of pipe through 4 of 5 vertical openings was protected as appropriate for the fire resistance rating of the barrier. LSC Section 8.2.5.2 requires openings between floors to be enclosed with fire barrier walls. The passage of building service materials such as pipe shall be protected so the space between the penetrating item and the fire barrier shall be filled with a material capable of maintaining the fire resistance of the fire barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect approximately 57 residents on second floor Pines building as well as visitors and staff if smoke from a fire were to infiltrate the protective barriers.</p> <p>Findings include:</p> <p>Based on observation 10/24/13 at 1:30 p.m. with the Maintenance Supervisor, there were four pipe penetrations through the ceiling of the Dry storage room on the</p>	K010020	On 11/13/13, old caulk was removed on four pipes identified and application of fire rated caulk was applied by an outside contractor. A total of fifty seven residents had the potential to be affected by this citation. All areas adjacent were inspected for compliance for this citation by contracted service. No other concerns noted. Maintenance Director or designee will monitor all caulking to be in compliance as needed. Follow up to this deficiency will be reviewed with the Quality Assurance Team.	11/29/2013			

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	<p>first floor of the Pines building which is under construction which were sealed with a flammable, unrated expandable foam. This sealing method does not maintain the fire resistance rating of the fire barrier. Based on interview on 10/24/13 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the expandable foam should not have been used by the construction crew and should be replaced with fire rated caulk.</p> <p>3.1-19(b)</p>			

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K010046 SS=E	<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 observation and interview, the facility failed to provide interior emergency lighting for 1 of 2 stairwell exits. LSC Section 7.9.1.1 requires emergency lighting for means of egress shall be provided for the exit access and exit discharge. This deficient practice could affect 57 residents as well as staff and visitors on the second floor of the Pines building if forced to evacuate using the west stairwell.</p> <p>Findings include:</p> <p>Based on observation on 10/24/13 at 1:15 p.m. with the Maintenance Supervisor, there was no lighting available in the west stairwell leading from the second floor to the first floor of the Pines building leaving the stairwell in total darkness. Based on interview on 10/24/13 concurrent with the observation with the Maintenance Supervisor and the Electrical Engineer it was acknowledged this area was not provided with electrical power during reconstruction of the first floor of the Pines building. Furthermore, it was acknowledged by the Electrical Engineer the west stairwell should have illumination and will be hard wired for</p>	K010046	<p>The lighting in the west stairwell leading from the second floor to the first floor of the Pines building that left the stairwell in total darkness has been hard wired and fixed on 11/6/13 by the contractor.57 Residents were potentially affected by the alleged deficient practice.All stairwells will be audited by the Maintenance Director or designee to assure illumination 3 times a week for 2 weeks and monthly thereafter.Maintenance Director or designee will monitor all caulking to be in compliance as needed.Follow up to this deficiency will be reviewed with the Quality Assurance Team.</p>	11/29/2013
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	lighting. 3.1-19(b)			

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K010050 SS=C	<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</p> <p>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 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 10/24/13 at 3:04 p.m. with Maintenance Supervisor, 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 09/12 to 09/13, indicated the fire alarm system had been activated, but the verification of the</p>	K010050	<p>A fire drill was completed on 11/14/13 by Maintenance Director, contract service dept., and Valparaiso Fire Fighters, alert alarm was notified and verification submitted. All residents, staff, and visitors would have the potential to be affected by this citation. Maintenance Director and/or Designee will continue to complete required fire drills per regulation. Verification of each fire drill will be received from "Alert Alarm" upon each fire drill. Maintenance Director and/or designee will keep a log of all documentation verifications from alert alarm to be in compliance as needed. Follow up to this deficiency will be reviewed with the Quality Assurance Team.</p>	11/29/2013	

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	<p>transmission of the signal was not documented. Based on interview on 10/24/13 at 3:05 p.m., it was acknowledged by Maintenance Supervisor 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>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 armover sprinkler pipes observed in the facility was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practices could affect 34 residents in the Manor building lower level as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/24/13 at 12:36 p.m. with the Maintenance</p>	K010056	<p>A supporting hanger was installed by a contractor on 11/14/13 to the supporting sprinkler pipe measuring 29" found by the front entrance ceiling on the east wall next to the Rehabilitation room.34 residents in the Manor building had the potential to be affected by this citation.All of the adjacent pipes in the surrounding area were inspected with no negative findings noted by the contractor on 11/14/13.Any further pipes being installed within the facility longer than twenty four inches will have a supporting hanger attached to ensure compliance.Maintenance supervisor and/or designee will inspect any new pipe installations.Maintenance Director and/or designee will approve any further pipe installation to ensure compliance is maintained.Any concerns noted will be brought to</p>	11/29/2013

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	<p>Supervisor, the Front entrance ceiling by the east wall next to the Rehabilitation room had an unsupported steel sprinkler pipe armover which was measured to be twenty nine inches in length.</p> <p>Based on interview on 10/24/13 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b)</p>		the Quality Assurance.	

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K010062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect 56 residents in the Manor building and 57 residents in the Pines building as well as visitors and staff should the sprinkler pipe break and require repair.</p> <p>Findings include:</p> <p>Based on observation on 10/24/13 at 1:45 p.m. with the Maintenance Supervisor, the following areas had one and one half inch diameter steel sprinkler pipe used to support nonsprinkler equipment:</p> <p>a. Manor building, front entrance, first floor next to the front reception desk where a two bulb light fixture was support from above by wires to a sprinkler pipe.</p> <p>b. Pines building, first floor in the main</p>	K010062	<p>All wires were detached from the sprinkler pipes in the Manor building front entrance, first floor next to the front reception desk and on Pines first floor main corridor, and Pines first floor therapy gym by Maintenance staff by 11/13/13. Contractor adjusted and retightened the OS and Y valves to activate within one turn on 11/13/13 by contracted service. 56 residents in the Manor building and 57 residents in the Pine building, as well as visitors and staff had the potential to be affected by this the wires on sprinkler pipe. All residents, staff, and visitors had the potential to be affected by the OS and Y valves needing readjusted. All of the adjacent sprinkler pipes in the surrounding area were inspected with no negative findings noted by the contractor on 11/13/13. Annual inspection of the sprinkler system and all necessary documentation will be reviewed with the contracting service and Maintenance Director and/or designee prior to contractors leaving premise to ensure compliance. Maintenance Director or designee will monitor the sprinkler system and all checks and documentation</p>	11/29/2013			

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	<p>corridor where blue, gray and brown wires were tied to a sprinkler pipe in the ceiling.</p> <p>c. Pines building, first floor in the Therapy/Gym where six HVAC lines used a sprinkler pipe in the ceiling as support.</p> <p>Based on interview on 10/24/13 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned sprinkler pipes were used to support wires and HVAC cables located in the aforementioned areas.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 2 automatic sprinkler systems was maintained in reliable operating condition. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1-11.1 requires maintenance shall be performed to keep the sprinkler system equipment operable or to make repairs. 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 Sprinkler</p>		<p>completion to be in compliance as needed. Moving forward Maintenance Director and/or designee will approve any further wire installation to ensure wires are not attached to any sprinkler pipes maintaining compliance. Follow up to this deficiency will be reviewed with the Quality Assurance Team.</p>		

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	<p>System Inspection reports on 10/24/13 at 3:30 p.m. with the Maintenance Supervisor, the facility's dry sprinkler system inspection and testing reports dated 09/27/13 stated in the "Explain any no answers and comments" section, the OS and Y valves need to be adjusted and retightened to activate within one turn. Based on interview on 10/24/13 concurrent with review of the sprinkler report, the Maintenance Supervisor indicated the problem cited on the previously mentioned sprinkler report had not been corrected.</p> <p>3-1.19(b)</p>			

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K010144 SS=E	<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 observation and interview, the facility failed to ensure 1 of 2 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage 	K010144	Contracted Service will relocate generator annunciator to nurse's station on Maple to allow staff to monitor 24/7 completed by 11/29/13. All residents residing in the Manor building, visitors, and staff had the potential to be affected by this citation. Maintenance and/or nursing staff will monitor panel. If any concerns noted will be addressed immediately. Maintenance Director or designee will monitor all caulking to be in compliance as needed. Follow up to this deficiency will be reviewed with the Quality Assurance Team.	11/29/2013

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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			
	<p>tank contains less than a 3 hour operating supply.</p> <p>5. Overcrank (failed to start).</p> <p>6. Overspeed.</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all the residents in the Manor building as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 10/24/13 at 1:46 p.m. with the Maintenance Supervisor, a remote alarm annunciator for the generator was located in the boiler room located on the first floor of the Manor building next the the sprinkler riser room on west hall. The remote alarm annunciator for the generator was not in a location which could be readily observed or heard by operating personnel at a regular work station such as a nurses' station. Based on interview on 10/24/13 at 1:48 p.m. with the Maintenance Supervisor, it was acknowledged the remote alarm annunciator for the</p>						

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	generator was in a location which was not readily observed by operating personnel at a regular work station such as a nurses' station. 3.1-19(b)			

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K010160 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2</p> <p>Based on observations, interview and record review; the facility failed to ensure the elevator equipment in 2 of 2 elevator equipment rooms was provided with a shunt trip. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. The elevator equipment rooms were located in the basements of the Manor and Pines buildings and could affect any resident using the elevator as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 10/24/13 during the tour between 1:59 p.m. and 2:45 p.m. with the Maintenance Supervisor, the elevator equipment rooms located in the</p>	K010160	The contractor's verified the shunt trip for both elevators within the facility on 11/14/13. All residents, staff, and visitors utilizing the elevators would have the potential to be affected by this citation. Annual inspection of the elevator system and all necessary documentation will be reviewed with the contracting service and Maintenance Director and/or designee prior to contractors leaving premise to ensure compliance. Maintenance Director or designee will monitor the elevator inspections and all checks and documentation completion to be in compliance as needed. Follow up to this deficiency will be reviewed with the Quality Assurance Team.	11/29/2013			

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	<p>basements of the Manor and Pines buildings were provided with sprinkler and smoke detector protection. Based on interview on 10/24/13 concurrent with the observation with the Maintenance Supervisor, it was acknowledged a shunt trip which is designed to automatically disconnect power to the affected elevator, had not been installed in the elevator equipment rooms. Based on the Sprinkler Inspection and Test Report record review on 10/24/13 at 3:25 p.m. with the Maintenance Supervisor, the elevator equipment rooms located in the aforementioned basements were equipped with sprinkler head protection, however, there was no mention of a shunt trip installation in either room.</p> <p>3.1-19(b)</p>			
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K019999	<p>State Findings:</p> <p>3.1-2 LICENSES</p> <p>The applicant shall submit an independent verification of assets and liabilities demonstrating working capital adequate to operate the facility. The verification shall be performed by a certified public accountant. The verification shall be submitted to the director on a form approved by the department. The verification shall be accompanied by documents required by the application form and other documents or information as required by the department to evidence adequate working capital to operate the facility.</p> <p>(d) The director may issue a health facility license for an existing facility that proposes a change from a previously approved plan review upon receipt, review and approval of the following requirements:</p> <p>(1) The applicant shall submit the appropriate licensure fee.</p> <p>(2) Prior to the start of construction, detailed architectural and operational plans shall be submitted to the division for consideration and approval. The plans shall state the licensure classification sought. Plans for projects involving less</p>	K019999	Joe Putman from Homeland Security was in the facility to inspect lower level Pines redecorating on four occasions. No violations found on any visit. All redecorating was not requiring a state site review.	11/29/2013

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	<p>than thirty thousand (30,000) cubic feet require suitable detailed plans and sketches. Plans for projects involving more than thirty thousand (30,000) cubic feet require certification by an architect or an engineer registered in Indiana. A plan of operation, in sufficient detail to facilitate the review of functional areas, that is, nursing unit, laundry, and kitchen shall accompany the submitted plan.</p> <p>This State Rule was not met as evidenced by: Based on observation and interview, the facility Management failed to comply with 16.2-3.1-2(d) which requires suitable detailed plans and sketches for 1 of 2 floor levels of the Pines building under reconstruction be submitted for review. This deficient practice could affect 57 residents residing on the second floor of the Pines building which is directly above the construction zone.</p> <p>Findings include: Based on observation on 10/24/13 during the tour between 12:30 p.m. and 2:00 p.m., with the Maintenance Supervisor and the Administrator, the first floor of the Pines building was under construction and being remodeled into a Therapy/Gym for resident use and no rudimentary plans had been submitted for review. Based on</p>			

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	interview on 10/24/13 at 4:00 p.m., it was confirmed by the Administrator no plans have been submitted for review. 3.1-2(d)			