

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  12/02/2013
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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 Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/24/13 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: 12/02/13</p> <p>Facility Number: 000176 Provider Number: 155277 AIM Number: 100288940</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Brett Overmyer, Life Safety Code Specialist; Libby Fruth, Life Safety Code Specialist</p> <p>At this PSR 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>	K010000		

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>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 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 104 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except the Manor building elevator machine room.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/10/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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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 a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building for 1 of 2 elevator machine rooms. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. This deficient practice could affect residents, staff and/or visitors in the Manor building elevator machine room.</p> <p>Findings include:</p> <p>Based on observation on 12/02/13 at</p>	K010056	<p>This deficiency will be corrected on 12/31/2013 by the selected company. The environmental director has been trained on the requirements. Upon completion of the project, all documentation will be submitted to the quality assurance committee for follow-up processing for completion. Then, our external company will monitor this on the usual cycle. The environmental director and/or designee will manage the process and follow-up. Addendum Clarification: This deficiency has the potential to affect 49 residents residing at Whispering Pines Health Care Center, along with the potential to affect visitors and personnel utilizing the elevators in the Manor Building. The facility educated the environmental service director on the life safety code requirements, as it relates</p>	12/31/2013
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	<p>10:45 a.m. with the Environmental Director, the Manor building elevator machine room lacked sprinkler protection. Based on interview at the time of observation, the Environmental Director acknowledged the lack of sprinkler protection in the Manor building elevator machine room.</p> <p>3.1-19(b)</p>		<p>to this alleged deficient practice. This deficiency has been corrected by having a sprinkler protection installed in the Manor Building elevator machine room. To ensure full compliance, the facility ensured that the Pines Building elevator machine room had a functioning sprinkler system, as well. This alleged deficient practice will be corrected by 12/31/2013.</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"> <li>1. When the emergency or auxiliary power source is operating to supply power to load.</li> <li>2. When the battery charger is malfunctioning.</li> </ol> <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"> <li>1. Low lubricating oil pressure.</li> <li>2. Low water temperature.</li> <li>3. Excessive water temperature.</li> <li>4. Low fuel - when the main fuel storage</li> </ol>	K010144	<p>Report of Correction: The generator annunciator panel has been moved from the boiler room to the main area at the nurses station on the facility TIMBRE unit. The environmental director has been trained on the regulatory requirements TIMBRE personnel have been trained as to what this device displays. The documentation of this move will be submitted to the quality assurance committee for processing and documentation retention. POC Addendum RequestThe facility has moved all equipment necessary for functionality of this generator annunciator panel into a common area. A new panel was ordered prior to the date certain listed on the POC and the facility awaits this panel (paperwork can be provided for supportive documentation). The alleged deficient practice had the potential to affect 109 residents out of 109 residents in the event of a generator malfunction.The environmental services director was educated on the life safety code requirement. Additionally, personnel are receiving ongoing education as to what the new annunciator panel identifies (to reduce confusion over the fire</p>	12/19/2013

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	<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 observation on 12/02/13 at 10:35 a.m. with the Environmental Director, a remote alarm annunciator for the Manor Building generator was located in the boiler room located on the first floor of the Manor building. 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 with the Environmental Director at the time of observation, it was acknowledged the remote alarm annunciator for the generator had not yet been relocated due</p>		<p>panel versus the generator annunciator panel).</p>	

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	<p>to an issue with the generator transfer switch that needed to be resolved before the generator remote annunciator panel could be relocated.</p> <p>This deficiency was cited on 10/24/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			

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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 1 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 room was located in the basement of the Pines building and could affect any resident using the elevator as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/02/13 at 11:00 a.m. with the Environmental Director, the elevator equipment room located in the basements of the Pines</p>	K010160	<p>This deficiency will be corrected on 12/31/2013 by the selected company. The environmental director has been trained on the requirements. Upon completion of the project, all documentation will be submitted to the quality assurance committee for follow-up processing for completion. Then, our external company will monitor this on the usual cycle. The environmental director and/or designee will manage the process and follow-up. POC Addendum: The alleged deficient practice was corrected prior to the date certain of 12/31/13. The contracted firm installed shunt trips to ensure compliance with this regulation in the Pines Building basement elevator equipment room. The environmental services director was educated as to the life safety code requirement. The Manor Building elevator equipment room was reviewed to ensure compliance, as well.</p>	12/31/2013			

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K019999	<p>buildings was provided with a sprinkler head and smoke detector protection. Based on interview with the Environmental Director at the time of observation, it was acknowledged that the presence of a shunt trip which is designed to automatically disconnect power to the affected elevator could not be verified.</p> <p>This deficiency was cited on 10/24/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>	K019999	<p>No text for this deficiency can be found. Please advise. Thanks!POC Addendum Request:There continues to be no listing for a K9999 deficiency on the 2567 or on the uploaded POC documentation. Please advise. Thanks!</p>	12/31/2013
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