

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155191	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2012
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE N CLARKSVILLE, IN 47129
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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: 04/10/12</p> <p>Facility Number: 000100 Provider Number: 155191 AIM Number: 100266130</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster 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) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. There is no fire separation between the original building and the new Rehabilitation Gym because the original</p>	K0000	<p>This proposed plan of correction is being submitted as required by law. Submission of this plan of correction is not an admission that a deficiency exists or that a deficiency was cited correctly. This plan of correction serves as our credible allegation of compliance.</p>	

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>building and Rehabilitation Gym are of the same construction type. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 99 and had a census of 90 in the healthcare portion of the facility at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0011 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sets of fire doors, which separated the healthcare portion of the facility from the residential portion of the facility, was provided with a fire rated label. LSC 19.1.1.4.1 requires additions shall be separated from any existing structure not conforming to the provisions within Chapter 19 by a fire barrier having not less than a 2 hour fire resistance rating and constructed of materials as required for the addition. LSC 19.1.1.4.2 refers to 8.2 and 8.2.3.2.3.1 requires the openings in a 2 hour fire barrier shall be a 1 1/2 hour fire protection rating. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p>	K0011	<p>1. It is the practice of Westminster Healthcare to design, construct, equip, and maintain Westminster Healthcare buildings and pemises in such a manner as to protect the health and safety of residents, personnel, and the general public. 2. The one(1) set of doors which separated the healthcare portion of the facility from the residential portion of the facility will be replaced with a fire rated set of doors which shall be a 1 1/2 hour fire protection rating. 3. No residents were affected. 4. The doors will be ordered by 4/26/12 from the contractor.The doors will be installed by 6/15/12 due to production time/delivery of the doors per contractors estimate. We would like to request an extension of time for which the corrective action will take less than 90 days to complete. This is necessary due to the production and installation of the doors. The existing doors are metal, however, the fire rated tag is missing.</p>	05/12/2012			

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	<p>Based on observation on 04/10/12 at 11:10 a.m. with the director of maintenance, the set of fire doors separating the Long Hall between the residential portion of the facility and the comprehensive portion of the facility did not have a fire rated label on the door set. This was verified by the director of maintenance at the time of observation and confirmed at the exit conference on 04/10/12 at 1:20 p.m.</p> <p>3.1-19(b)</p>			

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K0050 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 for 3 of 3 shifts were held at varying times over the past year to protect 90 of 90 resident. This deficient practice could affect all resident in the facility.</p> <p>Findings include:</p> <p>Based on a review of the "Fire Drill Reports" with the director of maintenance on 04/10/12 at 1:00 p.m., the "Fire Drill Reports" for first, second and third shifts were held at the following similar times over the past year; first shift drills on 01/25/12 at 10:00 a.m., 04/28/11 at 10:00 a.m., 07/28/11 at 10:30 a.m., and 10/14/11 at 10:15 a.m.; second shift drills on 02/23/12 at 2:35 p.m., 05/31/11 at 2:45 p.m., 08/24/11 at 2:50 p.m., and 11/29/11 at 3:00 p.m.; third shift drills on 03/20/12 at 12:30 a.m., 06/23/11 at 1:30 a.m., 09/30/11 at 2:25 a.m., and 12/20/11 at</p>	K0050	<p>It is the practice of Westminster Healthcare to design, construct, equip, and maintain Westminster Healthcare buildings and premises in a manner as to protect the health and safety of residents, personnel, and the general public. Facility fire drills will be conducted at varying times. 2. Maintenance Director/designee will audit monthly fire drills for (3) months or until compliance is at 100% compliance for (3) months to assure that drills are being conducted at varying times. This will be reported to the QA committee by the Maintenance Director. 3. No residents were affected. 4. Maintenance Director to inservice maintenance staff on the requirement to vary the times of fire drills by 5/12/12. 5. Completion date 5/12/12.</p>	05/12/2012			

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	12:30 a.m. The similar timed fire drill records were acknowledged by the director of maintenance at the time of record review and the exit conference on 04/10/12 at 1:20 p.m. 3.1-19(b)			

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K0143 SS=E	<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 and transfilling rooms was provided with one hour fire resistive construction to protect 26 of 64 residents. This deficient practice could affect 20 residents who reside on the ICF Short Hall near the liquid oxygen storage room.</p> <p>Findings include:</p> <p>Based on observation with the director of maintenance on 04/10/12 at 11:45 a.m., the liquid oxygen storage room, where eight full liquid oxygen containers were stored had a ceiling constructed of one sheet of five eighth inch drywall with a one half hour fire resistance rating. Based on an interview with the director of</p>	K0143	<p>1. It is the practice of Westminster Healthcare to design, construct, equip, and maintain Westminster Healthcare buildings and premises in such a manner as to protect the health and safety of residents, personnel, and the public. The liquid oxygen storage room which was observed to have on sheet of five eighth inch drywall has been repaired by adding an additional layer of five eighth inch drywall which provides the required protection per K143. This was completed on 4/20/12.2 No residents were affected.3. The liquid oxygen storage room will be placed on a monthly Maintenance Audit log to be completed monthly by the Maintenance Director/designee. This will be reported at the monthly QA meeting by the Maintenance</p>	05/12/2012			

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	<p>maintenance on 04/10/12 at 11:50 a.m., the liquid oxygen room is used to transfill small portable containers for resident use. Based on observation with the director of maintenance on 04/10/12 at 12:10 a.m., the single five eight inch drywall ceiling construction was observed in the liquid oxygen room with a ladder where the vent cover was attached to the ceiling. This was confirmed by the director of maintenance at the exit conference on 04/10/12 at 1:20 p.m.</p> <p>3.1-19(b)</p>		Director for three months.4. This was completed 4/20/12.		

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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/10/12</p> <p>Facility Number: 000100 Provider Number: 155191 AIM Number: 100266130</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Westminster 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, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The 2009 Rehabilitation Gym was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2009 addition to the one story facility was determined to be</p>	K0000	<p>This proposed plan of correction is being submitted as required by law. Submission of this plan of correction is not an admission that a deficiency exists or that a deficiency was cited correctly. This plan of correction serves as our credible allegation of compliance.</p>		

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	<p>of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has the capacity for 99 and had a census of 90 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0050 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. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills for 3 of 3 shifts were held at varying times over the past year to protect 90 of 90 resident. This deficient practice could affect all resident in the facility.</p> <p>Findings include:</p> <p>Based on a review of the "Fire Drill Reports" with the director of maintenance on 04/10/12 at 1:00 p.m., the "Fire Drill Reports" for first, second and third shifts were held at the following similar times over the past year; first shift drills on 01/25/12 at 10:00 a.m., 04/28/11 at 10:00 a.m., 07/28/11 at 10:30 a.m., and 10/14/11 at 10:15 a.m.; second shift drills on 02/23/12 at 2:35 p.m., 05/31/11 at 2:45 p.m., 08/24/11 at 2:50 p.m., and 11/29/11 at 3:00 p.m.; third shift drills on 03/20/12 at 12:30 a.m., 06/23/11 at 1:30 a.m., 09/30/11 at 2:25 a.m., and 12/20/11 at</p>	K0050	<p>It is the practice of Westminster Healthcare to design, construct, equip, and maintain Westminster Healthcare buildings and premises in a manner as to protect the health and safety of residents, personnel, and the general public. Facility fire drills will be conducted at varying times. 2. Maintenance Director/designee will audit monthly fire drills for (3) months or until compliance is at 100% compliance for (3) months to assure that drills are being conducted at varying times. This will be reported to the QA committee by the Maintenance Director.3. No residents were affected.4. Maintenance Director to inservice maintenance staff on the requirement to vary the times of fire drills by 5/12/12.5. Completion date 5/12/12.</p>	05/12/2012			

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