

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155785	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2014
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NAME OF PROVIDER OR SUPPLIER  WEST RIVER HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKHOFF RD EVANSVILLE, IN 47712
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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>Survey Date: 06/16/14</p> <p>Facility Number: 012448 Provider Number: 155785 AIM Number: 201039500</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, West River Health Campus was found in substantial 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open to the corridors, and in all resident</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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K010144 SS=C	<p>sleeping rooms. The facility has a capacity of 61 and had a census of 58 at the time of this survey.</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 06/23/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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. Based on record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in</p>	K010144	Facility will have a heater installed and wired to generator which will allow the 30% EPS to be achieved. Director of Plant Ops will be inserviced on requirement of EPS (Emergency Power Supply). It is the practice of the facility to automatically run the generator on a weekly basis. This run lasts	07/16/2014

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	<p>accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. 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 Generator form on 06/16/14 at 11:30 a.m. with the Director of Plant Operations present, the generator log form documented the generator was tested monthly under load, however, documentation showing the generator was exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating for a minimum of 30 minutes during the past twelve months was under the 30 percent requirement. The generator log form was provided with a</p>		<p>for thirty minutes to make sure the generator handles the 30% load and runs effectively. This will continue to be done weekly and reading recorded as in the past with any deficiencies in EPS requirements reported to ED and repaired immediately.</p> <p><b>Maintenance Director/Designee will perform all tests with log submitted to QA committee monthly for review and suggestions for continued compliance.</b></p>	

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	<p>column for load with the answer being less than 15 Kilowatt (KW) for a 50 KW generator during ten of the past twelve months, which was less than the required 30 percent nameplate rating. During an interview at the time of record review, the Director of Plant Operations confirmed the monthly generator log showed the generator was exercised at less than 15 KW during ten of the past twelve months. Furthermore, the Director of Plant Operations said the generator was fueled by natural gas with a liquid petroleum gas tank as a back up.</p> <p>3.1-19(b)</p>				