

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155768	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/04/2016
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NAME OF PROVIDER OR SUPPLIER EVANSVILLE PROTESTANT HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WASHINGTON AVE EVANSVILLE, IN 47714
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K 0000 Bldg. 02	<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: 05/04/16</p> <p>Facility Number: 001125 Provider Number: 155768 AIM Number: 201272600</p> <p>At this Life Safety Code survey, Evansville Protestant Home, Inc. was found in substantial compliance with Requirements for Participation in Medicare 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 consists of two buildings connected by a service corridor. The north building is a one story facility determined to be of Type II (000) and fully sprinklered. The south building is a one story facility determined to be of Type II (000) and fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors,</p>	K 0000	Please accept this plan of correction as our credible allegation of compliance. This plan of correction is submitted as part of the regulatory required response and is not to be construed as agreement with deficiencies cited.	
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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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K 0040 SS=B Bldg. 02	<p>spaces open to the corridors and all resident sleeping rooms. The facility has a capacity of 49 and had a census of 39 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 except one detached wood framed storage shed.</p> <p>Quality Review completed on 05/06/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access doors and exit doors used by health care occupants are of the swinging type and are at least 32 inches in clear width. 19.2.3.5</p> <p>Based observation and interview, the facility failed to ensure sleeping room exit doors were at least 32 inches wide for 10 of 10 resident sleeping room doors. This deficient practice could affect 10 residents in the North Unit.</p> <p>Findings include:</p> <p>Based on observation on 05/04/16 between 11:30 a.m. and 11:45 a.m. during a tour of the facility with the Environmental Services Director, the following resident sleeping room door openings in the North Unit measured</p>	K 0040	See Life Safety Code Waiver Request and supportive documentation.	06/03/2016

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K 0050 SS=C Bldg. 02	<p>only 31 and 1/4 inches: Rooms 1 through 10. This was confirmed by the Environmental Services Director who measured the door openings.</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>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters, furthermore, the facility failed to conduct fire drills at unexpected times under varying conditions for 8 of 12 fire drills. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 05/04/16 at 10:00 a.m. with the</p>	K 0050	The facility conducted fire drills each month with varying shifts. A yearly calendar shall be used by the Environmental Services Director to increase planning and varying times of the fire drills on all shifts. The Environmental Service Director shall provide in-service education regarding varying times and use of new fire drill calendar for planning purposes. Fire Drill completion shall be reviewed in safety committee monthly to monitor compliance.	06/03/2016

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K 0144 SS=C Bldg. 02	<p>Environmental Services Director present, three of four third shift (night) fire drills were performed between 5:00 a.m. and 5:57 a.m., furthermore, eight of twelve fire drills were conducted during the last three days of the month during the past twelve months. During an interview at the time of record review, the Environmental Services Director acknowledged the times of the third shift fire drills were performed and agreed the times were not varied enough, furthermore, the Environmental Services Director acknowledged that eight of twelve fire drills were performed during the last three days of each month..</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised 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>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generator was being recorded after each load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3</p>	K 0144	The generator documentation form shall be modified by the Environmental Services Director to reflect two new areas including cool down time and generator transfer time. The Environmental Service Director shall provide in-service education to staff regarding required generator documentation. The modified generator form shall be reviewed	06/03/2016

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	<p>which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. 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 weekly Generator Log on 05/04/16 at 9:45 a.m. with the Environmental Services Director present, the generator log form documented the generator was tested weekly for 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, furthermore, there was no documentation that showed the generator transfer time being recorded following its load test. During an interview at the time of record review, the Environmental Services Director said the generator had a fifteen minute cool down period after its weekly</p>		in safety committee monthly until 100% compliance is achieved.	

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	load test and always transferred within two to three seconds, but, confirmed the weekly generator log did not include documentation of a cool down time being recorded or the generator transfer time being recorded. 3.1-19(b)			