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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155696 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 04/08/2014 |
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| NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE 1900 COLLEGE AVE VINCENNES, IN 47591 |
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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: 04/08/14</p> <p>Facility Number: 003237 Provider Number: 155696 AIM Number: 200374360</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bridgepointe Health Campus 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 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, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 75 and had a census of 57 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a small detached plastic shed used for facility storage.</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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| K010050 SS=C | <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/10/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: 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 were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. 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 in the Trilogy Plant Operations Manual on 04/08/14 at 10:45 a.m. with the Director of Plant Operations present, three of four first shift (day) fire drills were performed between 1:25 p.m. and 1:43 p.m. During an interview at the time of record review, the Director of Plant Operations acknowledged the times when the first shift fire drills were performed and agreed the times were not varied enough.</p> | K010050 | <p>It is the policy of BridgePointe Health Campus to hold fire drills at unexpected times under varying conditions, at least quarterly on each shift. The Director of Plant Operations (DPO) is responsible for planning and conducting drills. The DPO has been inserviced on the regulation and its content to hold fire drills at unexpected times under varying conditions, at least quarterly on each shift. A yearly schedule has been implemented of pre-selected fire drill dates including varied times in which they are held. The DPO and Executive Director (ED) are the only employees with access to this schedule. DPO & ED will audit the fire drills conducted monthly</p> | 04/30/2014 |

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| K010062 SS=F | <p>3-1.19(b)</p> <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 record review, observation and interview; the facility failed to ensure 3 of 3 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected and the necessary corrective action shall be taken. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the preventive maintenance records in the Trilogy Plant Operations Manual on 04/08/14 between 9:15 a.m. and 11:30 a.m. with the Director of Plant Operations present, there was no documentation to show the facility's three fire hydrants have had an annual inspection. Based on interview at the time of record review, the Director of Plant Operations confirmed there was no documentation</p> | K010062 | <p>compared to the calendar to ensure compliance. Results of this audit will be forwarded to QA committee monthly X12 months for review. Compliance Date: 04/30/14</p> <p>It is the policy of BridgePointe Health Campus to ensure that required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically in accordance with 19.7.6, 4.6.12, NFPA13, NFPA25, 9.7.5The three fire hydrants had an inspection on 04/22/14 by Ohio Valley Sprinkler and documentation of inspection is on file. The Ohio Valley Sprinkler has audited the sprinkler head storage cabinet & has stocked the cabinet with at least two of each type of sprinkler head used in the facility. The DPO has been educated on the regulation to have fire hydrants inspected annually, and to have at least two of each type of sprinkler heads in use in the facility sprinkler head storage cabinet.DPO will audit the sprinkler head storage cabinet monthly to ensure compliance. Results of this audit will be forwarded to QA committee</p> | | |

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| | <p>available to show the facility's three fire hydrants have been inspected during the past twelve months. Based on observation on 04/08/14 between 11:30 p.m. and 1:15 p.m. during a tour of the facility with the Director of Plant Operations, there were three private fire hydrants on the facility's property.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler head storage cabinets were provided with at least two of each type of sprinkler head used in the facility. NFPA 25, 2-4.1.4 requires a minimum of two sprinklers of each type and temperature rating installed shall be stored in a cabinet on the premises for replacement purposes. This deficient practice could affect mostly staff while in the boiler room, oxygen storage/transfer room and storage room near the nurses' station.</p> <p>Findings include:</p> <p>Based on observation on 04/08/14 at 11:40 a.m. during a tour of the facility with the Director of Plant Operations, the spare sprinkler head cabinet had more than six spare sprinkler heads, however, there were no spare side wall sprinkler heads available (observed in the oxygen storage/transfer room and storage room near the nurses' station), and no spare quick response pendent type with green tube (observed in the boiler/water heater room). This was acknowledged by the Director of Plant Operations at the time of observations, furthermore, the Director of Plant Operations indicated there were no other spare sprinkler heads in the facility.</p> | | <p>monthly X12 months for review. Compliance Date: 04/30/14</p> | | | | |

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| K010144 SS=C | <p>3-1.19(b) 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 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 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 Log Sheet on 04/08/14 at 9:45 a.m. with the Director of Plant Operations present, the generator log form documented the generator was tested monthly manually under load, however, documentation for the past twelve months indicated the load was under the 30 percent requirement. The generator</p> | K010144 | <p>It is the policy of BridgePointe Health Campus to ensure that the generator is inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. Weyer Electric company has modified our electric panels on 4/24/14. The generator load test was done on 4/24/14 and showed over 30% requirement. This has been documented on the generator log sheet. The campus only has 1 generator. DPO will utilize campus generator log sheet monthly to document that the generator is tested monthly manually under load. DPO & ED will audit the campus generator log sheet monthly to ensure the load is at or above the 30% requirement. Results of this audit will be forwarded to QA committee monthly X12 months for review. Compliance Date 04/30/14</p> | | |

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| | <p>log form was provided with a column for load with the answer being between 11 and 12 Kilowatt (KW) for a 50 KW generator during each 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 11 to 12 KW during 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> | | | |