

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155355	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/31/2015
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NAME OF PROVIDER OR SUPPLIER WEST BEND NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 Bldg. 01	<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: 03/31/2015</p> <p>Facility Number: 000246 Provider Number: 155355 AIM Number: 100275420</p> <p>At this Life Safety Code survey, West Bend Nursing and Rehabilitation 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. Building 01 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This facility consists of three connected buildings: Building 01, a two story, fully sprinklered building of Type II (222) construction; Building 02, a one story, fully sprinklered building of Type V (000) construction with a partial basement and Building 03, a one story, fully sprinklered building of Type V</p>	K 000	K010000 The Creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.	
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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 017 SS=E Bldg. 01	<p>(111) construction. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident rooms. The facility has a capacity of 157 and had a census of 98 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 second floor Pantry rooms were separated from the corridors by a partition capable of resisting the passage of smoke as</p>	K 017	K017 – It is the practice of West Bend Nursing and Rehab to ensure all corridors are protected by required smoke detection system. The facility pantry did not have an automatic smoke detector present.	04/30/2015

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	<p>required in a sprinklered building, or met an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by an automatic sprinklers, and (c) The space is arranged not to obstruct access to required exits. This deficient practice could affect any residents near the main entrance and in the main dining room.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator in Training and Maintenance Supervisor on 03/31/2015 at 3:18 p.m., the 2nd floor Pantry Room has two open door frames with no doors in the corridor wall. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the 2nd floor Pantry room was not protected by an electrically supervised automatic smoke detection system. This was acknowledged by the Administrator in Training and Maintenance Supervisor at the time of observation.</p>		<p>What correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice; An automatic smoke detector will be installed to thefacility pantry. How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective action(s) will be taken; All residents have the ability to be affected. The Maintenance Supervisor has audited allareas to ensure placement and function of automatic smoke detectors. An automatic smoke detector will be installed to the facility pantry What measures will beput into place or what systemic changes will be made to ensure that the deficientpractice does not recur; The Maintenance Supervisor or designee will monitor placementand function of automatic smoke detectors monthly. How the corrective action(s) will be monitoredto ensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place; The Maintenance Director or designee will audit devicesmonthly for at least 6 months. TheMaintenance Director or designee will record their findings on the PreventativeMaintenance audit tool. If the auditresults in anything lower than 100% then the Director or designee will correctthe</p>	

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K 045 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>Based on observation and interview, the facility failed to provide exterior emergency lighting for 1 of 2 exits from the main Dining Room. LSC Section 7.9.1.1 requires emergency lighting for means of egress shall be provided for the exit access and exit discharge. This deficient practice could affect staff, visitors, 20 residents, and residents in the dining room.</p> <p>Findings include:</p> <p>Based on observation and interview on 03/31/2015 at 2:33 p.m., the Administrator in Training and Maintenance Supervisor acknowledged the lack of an exterior light fixture to provide light from the Dining Room exit to the public way.</p>	K 045	<p>deficiency immediately. Systemic changes will be completed by April 30, 2015.</p> <p>K045 – It is the practice of West Bend Nursing and Rehab to ensure that all exit access and egress have emergency lighting. The facility did not have emergency lighting exterior to 1 of 2 exits from the Main Dining Room.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; All residents have the potential to be affected. Appropriate egress lighting will be installed exterior the exit to Main Dining room. This work was completed on 4-20-15.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected. The Maintenance staff conducted a full facility audit for</p>	04/30/2015			

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K 062 SS=E Bldg. 01	3.1-19(b) 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 1. Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition 2-4.1.4	K 062	placement and function of egress lighting at all exits. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The Maintenance Director or Designee will monitor exit lighting monthly for 6 months. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The Maintenance Director or designee will record their findings on the Preventative Maintenance auditing tool. These logs will be audited as part of the CQI program. Systemic changes will be completed by April 30, 2015. K062 – The facility will ensure they have a complete supply of spare sprinklers for the automatic sprinkler system. The facility will ensure any sprinkler painted, corroded, damaged, loaded, or in their proper	04/30/2015	

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	<p>which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation during the observation tour from 12:30 p.m. to 4:19 p.m. with the Maintenance Director, throughout the laundry and basement areas in Building 02, blue bulb style sprinkler heads were used. Based on observation at 1:38 p.m., the Maintenance Director confirmed the spare sprinkler cabinet lacked blue bulb temperature rated sprinkler head spares.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to replace 2 of 2 corroded sprinkler heads in the water heater area near the kitchen. LSC 33.2.3.5.2 refers to LSC section 9.7.</p>		<p>orientation will be replaced. The facility failed to have an adequate supply of spare sprinklers for the automatic sprinkler system. In addition, sprinkler heads in the water heater area and kitchen were noted to be corroded.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The maintenance Director completed a facility audit to ensure the facility has a spare supply of sprinkler heads proportionally representative of the types and temperature ratings of the system sprinklers. Sprinkler heads noted to be corroded in the water heater area and kitchen have been replaced.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this deficiency. The Maintenance Director or designee will audit the spare sprinkler heads and condition of sprinkler heads at least monthly as part of the preventative maintenance program and the results of those audits will be documented for 6 months. These results will be reviewed as part of the CQI program.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that</p>	

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	<p>LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation and interview on 03/31/2015 at 2:25 p.m., the Maintenance Supervisor confirmed the water heater area sprinkler heads were corroded.</p> <p>3. Based on observation and interview, the facility failed to replace 1 of 11 corroded sprinkler heads in the kitchen. LSC 33.2.3.5.2 refers to LSC section 9.7. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect staff only.</p>		<p>the deficient practice does not recur;</p> <p>The Maintenance Director or designee will audit the sparesprinkler heads and condition of sprinkler heads at least monthly as part of the preventative maintenance program and the results of those audits will be documented for 6 months. These results will be reviewed as part of the CQI program.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Maintenance Director or designee will record the results of these audits on the Preventative Maintenance "Sprinkler system" auditing tool. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately.</p> <p>Systemic changes will be completed by April 30, 2015.</p>	

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K 064 SS=D Bldg. 01	<p>Findings include:</p> <p>Based on observation and interview on 03/31/2015 at 2:29 p.m., the Maintenance Supervisor confirmed the kitchen sprinkler head was corroded.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 fire extinguishers in the beauty shop requiring a 12-year hydrostatic test was emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. This deficient practice could affect staff and up to 4 residents.</p> <p>Findings include:</p> <p>Based on observation and interview on 03/31/2015 at 2:14 p.m., the Administrator in Training and Maintenance Supervisor acknowledged the maintenance tag on fire extinguisher</p>	K 064	<p>K064 – It is the practice of West Bend Nursing and Rehab to ensure all portable fire extinguishers are tested up accordance with NFPA Life Safety Code Standard. The Fire Extinguisher vendors inspected the portable fire extinguisher throughout the facility on April 14, 2015. The fire extinguisher identified received applicable maintenance, tested and the tag has been replaced. Corrosion was noted on the K Class fire extinguisher in the kitchen. The corroded area to the K Class nozzle was replaced on April 14, 2015.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The Fire Extinguisher vendors and Maintenance Director inspected all</p>	04/30/2015

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	<p>near the desk indicated the last six year test was completed in 2008.</p> <p>3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 1 of 1 fire extinguishers outside the Assistant DNS office requiring a 12-year hydrostatic test was emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. This deficient practice could affect staff and up to 26 residents.</p> <p>Findings include: Based on observation and interview on 03/31/2015 at 3:35 p.m., the Administrator in Training and Maintenance Supervisor acknowledged the maintenance tag on fire extinguisher near the desk indicated the last six year test was completed in 2008.</p> <p>3.1-19(b) 3. Based on observation and interview, the facility failed to maintain 1 of 1 K Class portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998</p>		<p>portable fire extinguishers on April 14, 2015 including thenozzle to the K class extinguisher.</p> <p>How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective action(s) will be taken; All residents have the potential to be affected. The Fire Extinguisher vendors and MaintenanceDirector inspected all portable fire extinguishers on April 14, 2015.</p> <p>What measures will beput into place or what systemic changes will be made to ensure that thedeficient practice does not recur; The Maintenance Director or designee will complete the "PreventativeMaintenance Performed This Month" auditing tool and reference "FireExtinguishers" monthly as part of the preventative maintenance program and willupdate tags accordingly. The "PreventativeMaintenance Performed This Month" tool will be reviewed as part of the CQIprogram. If the audit results in anything lower than100% then the Director or designee will correct the deficiency immediately.</p> <p>How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place; The Maintenance Director or</p>		

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	<p>Edition. NFPA 10, at 4-2.2 requires a thorough examination of the fire extinguisher. It is intended to give maximum assurance that a fire extinguisher will operate effectively and safely. It includes a thorough examination and any necessary repair or replacement. NFPA 10 at 4-3.2 requires periodic inspection of fire extinguishers shall include a check of at least the following items:</p> <ul style="list-style-type: none"> (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place <p>This deficient practice could affect all kitchen staff.</p>		<p>designee will complete the "Preventative Maintenance Performed This Month" auditing tool and reference "Fire Extinguishers" monthly as part of the preventative maintenance program and will update tags accordingly. The "Preventative Maintenance Performed This Month" tool will be reviewed as part of the CQI program. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately.</p> <p>Systemic changes will be completed by April 30, 2015.</p>	

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K 147 SS=D Bldg. 01	<p>Findings include:</p> <p>Based on observation with the Administrator in Training and Maintenance Supervisor on 03/31/2015 at 2:28 p.m., the K Class fire extinguisher in the kitchen had noticeable green corrosion around the spray nozzle. Based on an interview at the time of observation, the Maintenance Supervisor acknowledged the corrosion on the fire extinguisher.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects 2 residents in room 202.</p> <p>Findings include:</p>	K 147	<p>K147 – It is the practice of West Bend Nursing and Rehab to have electric wiring and equipment in accordance with NFPA 70, national Electric Code 9.1.2</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The Maintenance Director completed a whole house audit and removed the power strips, flexible cords and multi plug outlets from facility on April 1, 2015.</p> <p>How other residents having the</p>	04/30/2015

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	<p>Based on observation with the Administrator in Training and Maintenance Supervisor on 03/31/2015 at 3:45 p.m. in room 202, a power strip was used to power an oxygen concentrator. Based on interview at the time of observation with the Administrator in Training and Maintenance Supervisor acknowledged and removed the power strip.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects 2 residents in room 210.</p> <p>Findings include:</p> <p>Based on observation with the Administrator in Training and Maintenance Supervisor on 03/31/2015 at 3:47 p.m. in room 210, a multiplug was used to power a refrigerator. Based on interview at the time of observation</p>		<p>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected. The Maintenance Director completed an audit of the entire facility on April 1, 2015 to ensure that there was not any use of power strips that did not comply with LSC K147. The audit also included the review of electric receptacles. The facility was 100% in compliance.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>The Maintenance Director or designee will complete an all staff in service on April 7, 2015 to educate the staff not to utilize power strips.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Maintenance Director or designee will perform a Power Strip Audit weekly for 4 weeks and then monthly for 6 months to ensure compliance. This audit will be recorded on the "Power Strip" audit tool. The results of this audit will be reviewed as part of the CQI program. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately.</p> <p>Systemic changes will be</p>	

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NAME OF PROVIDER OR SUPPLIER WEST BEND NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619
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K 160 SS=D Bldg. 01	<p>with the Administrator in Training and Maintenance Supervisor acknowledged and removed the multiplug adapter.</p> <p>3.1-19(b)</p> <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 observation, record review and interview, the facility failed to ensure 1 of 1 elevators were in compliance with ASME/ANSI A17.1, Safety Code for Elevators and Escalators. This deficient practice could affect visitors, staff and 50 or more residents relying on the elevators.</p> <p>Findings include:</p> <p>Based on observation and interview with the Administrator in Training and Maintenance Supervisor on 03/31/15 at 3:31 p.m., the elevator certificates of inspection for the two elevators had expired 07/15/2014. Based on record review, the Administrator in Training and Maintenance Supervisor acknowledged</p>	K 160	<p>completed by April 30, 2015.</p> <p>K160 – It is the practice of West Bend Nursing and Rehab to have regular preventative maintenance and a current elevator certification. The facility failed to provide certification of inspection on facility elevator.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The elevator contractor completed annual inspection on 4-1-15.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected. The elevator contractor completed annual inspection on 4-1-15.</p>	04/30/2015

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K 000 Bldg. 02	<p>the current elevator certificate had expired.</p> <p>3.1-19(b)</p> <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: 03/31/2015</p> <p>Facility Number: 000246 Provider Number: 155355 AIM Number: 100275420</p> <p>At this Life Safety Code survey, West</p>	K 000	<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>The Maintenance Director or designee will monitor annual inspection of elevator and ensure Certification if obtained prior to expiration.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Maintenance Director or designee will monitor annual inspection of elevator and ensure Certification if obtained prior to expiration.</p> <p>Systematic change will be completed by April 30, 2015.</p> <p>K010000 The Creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p>	

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	<p>Bend Nursing and Rehabilitation 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. Building 02 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This facility consists of three connected buildings: Building 01, a two story, fully sprinklered building of Type II (222) construction; Building 02, a one story, fully sprinklered building of Type V (000) construction with a partial basement and Building 03, a one story, fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident rooms. The facility has a capacity of 157 and had a census of 98 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p>			

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K 056 SS=E Bldg. 02	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 1 of 1 laundry area sprinkler heads were installed in accordance with NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect staff members.</p> <p>Findings include:</p> <p>Based on observations and interview on 03/31/15 at 1:44 p.m., the Administrator in Training and Maintenance Supervisor confirmed the laundry room had a mixture of standard red bulb temperature sprinkler heads with standard blue bulb</p>	K 056	<p>K056 –It is the practice of West Bend Nursing and Rehab to have appropriate temperaturesprinkler heads installed in common areas. A mixture of standard red bulb temperature sprinkler heads with standardblue bulb temperature sprinkler heads were noted in the laundry room.</p> <p>What correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice;</p> <p>Sprinkler head in the "Laundry" have been replaced to ensure the appropriatetemperature sprinkler head is utilized for the Laundry area to provide adequatesprinkler protection.</p> <p>How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective</p>	04/30/2015
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K 062 SS=E Bldg. 02	<p>temperature sprinkler heads. Based on an interview with the Administrator in Training and Maintenance Supervisor at the time of observation, he acknowledged the mix of red and blue bulb sprinkler heads.</p> <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</p>		<p>action(s) will be taken; No residents reside in this area. The Maintenance Director or designee completed an audit of all sprinkler heads to ensure that they provided adequate sprinkler protection.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The Maintenance Director or designee will monitor sprinkler heads on routine rounds. The results of the audit will be recorded bi-annually as they are tested. Sprinkler heads will be reviewed as part of the CQI program.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The Maintenance Director or designee will monitor sprinkler heads on routine rounds. The results of the audit will be recorded bi-annually as they are tested. Sprinkler heads will be reviewed as part of the CQI program.</p> <p>Systemic changes will be completed by April 30, 2015.</p>	

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	<p>periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation during the observation tour from 12:30 p.m. to 4:19 p.m. with the Maintenance Director, throughout the laundry and basement areas in Building 02, blue bulb style sprinkler heads were used. Based on observation at 1:38 p.m., the Maintenance Director confirmed the spare sprinkler cabinet lacked blue bulb temperature rated sprinkler head spares.</p>	K 062	<p>K062 – The facility will ensure they have a complete supply of spare sprinklers for the automatic sprinkler system. The facility will ensure any sprinkler painted, corroded, damaged, loaded, or in their proper orientation will be replaced. The facility failed to have an adequate supply of spare sprinklers for the automatic sprinkler system. In addition sprinkler heads in the water heater area and kitchen were noted to be corroded.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The maintenance Director completed a facility audit to ensure the facility has a spare supply of sprinkler heads proportionally representative of the types and temperature ratings of the system sprinklers. Sprinkler heads noted to be corroded in the water heater area and kitchen have been replaced.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this deficiency. The Maintenance Director or designee will audit the spare sprinkler heads and condition of sprinkler heads at least monthly as part of the</p>	04/30/2015

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	<p>9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 fire extinguishers in the laundry room requiring a 12-year hydrostatic test was emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. This deficient practice could affect staff.</p> <p>Findings include:</p> <p>Based on observation and interview on 03/31/2015 from 1:39 p.m. to 1:45 p.m., the Administrator in Training and Maintenance Supervisor acknowledged the maintenance tags on all three laundry fire extinguishers indicated the last six year tests was completed in 2007, 2008, and 2008.</p>	K 064	<p>K064 – It is the practice of West Bend Nursing and Rehab to ensure all portable fire extinguishers are tested in accordance with NFPA Life Safety Code Standard. The Fire Extinguisher vendors inspected the portable fire extinguisher throughout the facility on April 14, 2015. The fire extinguisher identified received applicable maintenance, tested and the tag has been replaced. Corrosion was noted on the K Class fire extinguisher in the kitchen. The corroded area to the K class nozzle was replaced on April 14, 2015.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The Fire Extinguisher vendors and Maintenance Director inspected all portable fire extinguishers on April 14, 2015 including the nozzle to the K class extinguisher.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected. The Fire Extinguisher vendors and Maintenance Director inspected all portable fire extinguishers on April 14, 2015.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p>	04/30/2015	

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			<p>The Maintenance Director or designee will complete the "Preventative Maintenance Performed This Month" auditing tool and reference "Fire Extinguishers" monthly as part of the preventative maintenance program and will update tags accordingly. The "Preventative Maintenance Performed This Month" tool will be reviewed as part of the CQI program. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Maintenance Director or designee will complete the "Preventative Maintenance Performed This Month" auditing tool and reference "Fire Extinguishers" monthly as part of the preventative maintenance program and will update tags accordingly. The "Preventative Maintenance Performed This Month" tool will be reviewed as part of the CQI program. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately.</p> <p>Systemic changes will be completed by April 30, 2015.</p>	

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K 067 SS=F Bldg. 02	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on interview, the facility failed to ensure an undetermined number of dampers in the ductwork at smoke barriers and fire barriers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A to protect 20 of 20 residents. LSC 19.5.2.1 refers to Section 9.2. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include: Based on record review at 12:42 p.m. on 3/31/15, the Administrator in Training and Maintenance Supervisor failed to</p>			K 067	<p>K 67 – It is the practice of West Bend Nursing and Rehab to comply with the provisions of section 9.2.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Per the LSC inspection the facility failed to ensure an undetermined number of dampers in the ductwork at smoke barriers and fire barriers were inspected and provide necessary maintenance of dampers. The facility Fire Safety Vendor will provide the facility with the proper documentation to validate the inspection and absence of dampers in this facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>No residents were affected.</p> <p>Systemic changes will be completed by April 30, 2015.</p>		04/30/2015

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K 147 SS=D Bldg. 02	<p>provide any documentation of damper inspection during record review. Based on interview, at the time of record review the Administrator in Training and Maintenance Supervisor was unable to confirm the number of dampers in the facility.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 1. Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords such as extension cord power strips were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice was not in a resident care area but could affect staff. Findings include: Based on an observation with the Administrator in Training and</p>	K 147	<p>K147 – It is the practice of West Bend Nursing and Rehab to have electric wiring and equipment in accordance with NFPA 70, national Electric Code 9.1.2 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The Maintenance Director completed a whole house audit and removed the power strips, flexible cords and multi plug outlets from facility on April 1, 2015. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected. The Maintenance Director completed an audit of the entire facility on April 1, 2015 to ensure</p>	04/30/2015

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	<p>Maintenance Supervisor on 3/31/15 at 12:53 p.m., an extension cord power strip was plugged in and providing power to another extension cord power strip in the nursing supply room. At the time of observation the Administrator in Training and Maintenance Supervisor acknowledged and removed the power strip in the nursing supply room.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to maintain an electrical outlet in 1 of 14 storage room. NFPA 70, National Electrical Code 70, 1999 edition, Article 410-3, Live Parts, requires receptacles to have no live parts normally exposed to contact. This deficient practice affects staff.</p> <p>Findings include:</p> <p>Based on observation with the Administrator in Training and Maintenance Supervisor on 03/31/2015 at 12:55 p.m., an electric receptacle in storage room 14 was discovered to be damaged. The Maintenance Supervisor acknowledged at the time of observation, the receptacle was damaged and was exposing wire.</p> <p>3.1-19(b)</p>		<p>that there was not any use of power strips that did not comply with LSC K147. The audit also included the review of electric receptacles. The facility was 100% in compliance.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>The Maintenance Director or designee will complete an all staff in service on April 7, 2015 to educate the staff not to utilize powerstrips.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Maintenance Director or designee will perform a PowerStrip Audit weekly for 4 weeks and then monthly for 6 months to ensure compliance. This audit will be recorded on the "Power Strip" audit tool. The results of this audit will be reviewed as part of the CQI program. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately.</p> <p>Systemic changes will be completed by April 30, 2015.</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000 Bldg. 03	<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: 03/31/2015</p> <p>Facility Number: 000246 Provider Number: 155355 AIM Number: 100275420</p> <p>At this Life Safety Code survey, West Bend Nursing and Rehabilitation 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. Building 3 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This facility consists of three connected buildings: Building 01, a two story, fully sprinklered building of Type II (222) construction; Building 02, a one story, fully sprinklered building of Type V (000) construction with a partial basement and Building 03, a one story,</p>	K 000	K010000 The Creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155355	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>03</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/31/2015
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K 062 SS=E Bldg. 03	<p>fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident rooms. The facility has a capacity of 157 and had a census of 98 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</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. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature</p>	K 062	<p>K062 – The facility will ensure they have a complete supply of spare sprinklers for the automatic sprinkler system. The facility will ensure any sprinkler painted, corroded, damaged, loaded, or in their proper orientation will be replaced. The facility failed to have an adequate supply of spare sprinklers for the automatic sprinkler system. In addition sprinkler heads in the water heater area and kitchen were noted to be corroded.</p> <p>What corrective action(s) will be accomplished for those residents</p>	04/30/2015

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	<p>rating installed shall be provided. This deficient practice could affect all residents if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation during the observation tour time from 12:30 p.m. to 4:19 p.m. with the Maintenance Director, throughout the staff only areas, a blue bulb style sprinkler head was used. Based on observation at 1:38 p.m., the Maintenance Director confirmed the spare sprinkler cabinet lacked blue bulb temperature rated sprinkler head spares.</p> <p>3.1-19(b)</p>		<p>found to have been affected by the deficient practice;</p> <p>The maintenance Director completed a facility audit to ensure the facility has a spare supply of sprinkler heads proportionally representative of the types and temperature ratings of the systems sprinklers. Sprinkler heads noted to be corroded in the water heater area and kitchen have been replaced.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this deficiency. The Maintenance Director or designee will audit the spare sprinkler heads and condition of sprinkler heads at least monthly as part of the preventative maintenance program and the results of those audits will be documented for 6 months. These results will be reviewed as part of the CQI program.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>The Maintenance Director or designee will audit the spare sprinkler heads and condition of sprinkler heads at least monthly as part of the preventative maintenance program and the results of those audits will be</p>	

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			<p>documented for 6 months. These results will be reviewed as part of the CQI program.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>The Maintenance Director or designee will record the results of these audits on the Preventative Maintenance "Sprinkler system" auditing tool. If the audit results in anything lower than 100% then the Director or designee will correct the deficiency immediately.</p> <p>Systemic changes will be completed by April 30, 2015.</p>		