

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155520	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2014
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NAME OF PROVIDER OR SUPPLIER BRAUN'S NURSING HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 909 FIRST AVE EVANSVILLE, IN 47710
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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: 03/12/14</p> <p>Facility Number: 000437 Provider Number: 155520 AIM Number: 100273770</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Braun's Nursing Home LLC 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 with two separate basements was determined to be of Type V (000) 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 both basements, plus</p>	K010000		
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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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	<p>battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 80 and had a census of 51 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except one detached garage used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/17/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K010017 SS=E	<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 3 open use areas was separated from the corridor by walls constructed with at least a thirty minute fire resistance rating extending from the floor to the roof/floor above, or met an Exception. LSC 19.3.6.1, Exception #1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system shall be permitted to have spaces unlimited in size open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke</p>	K010017	<p>Life Safety Code Survey March 12, 2014</p> <p>Tag K017</p> <p>Per the surveyor's instruction, a hard-wired smoke detector was installed in the unit 100 dining room on Monday, March 24, 2014.</p> <p>This dining room was remodeled to its current layout in 1984. During the previous surveys, had this issued been presented the matter would have been resolved immediately. The Maintenance Supervisor and Administrator rely on the expertise and knowledge of the surveyor. However, it is the</p>	03/24/2014			

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	<p>detection system, or the smoke compartment in which the space is located is protected throughout by quick response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect 9 residents, as well as staff and visitors during time spent in the 100 hall and 100 hall dining room.</p> <p>Findings include:</p> <p>Based on observation on 03/12/14 at 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, the 100 hall dining room was open to the corridor. Exception #1 requirement (c) of LSC 19.3.6.1 was not met as follows: the 100 hall dining room was not protected by an electrically supervised automatic smoke detection system, and the entire space was not arranged and located to allow direct supervision by the facility staff from the 100 hall Nurses' Station. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3-1.19(b)</p>		<p>responsibility of the Maintenance Supervisor to provide for and ensure compliance with K017. Additionally, the Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for K017 will be available to the surveyors upon their request.</p> <p>Compliance Date: March 24, 2014</p> <p>Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>	

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K010050 SS=F	<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>1. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 2 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 Record Book on 03/12/14 at 10:00 a.m. with Maintenance Supervisor present, three of four first shift (day) fire drills were performed between 1:25 p.m. and 1:53 p.m., furthermore, three of four third shift (night) fire drills were performed at 2:00 a.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times the first and third shift fire drills were performed.</p> <p>3-1.19(b)</p>	K010050	<p>Life Safety Code Survey</p> <p>March 12, 2014</p> <p>Tag K050</p> <p>Prior to the monthly fire drill being conducted, the Maintenance Supervisor will meet with the Administrator or their designee to discuss the timing and oversight of the drill. In the event a drill is scheduled between the hours of 5:00 p.m. and 8:00 p.m., the Maintenance Supervisor or a representative from Administration will be in the facility to oversee the "audible" fire drill.</p> <p>On Wednesday, March 27, 2014 a drill was conducted on the third shift. The time of the drill was 12:15 a.m. This drill was conducted as a silent drill. At approximately 9:30 a.m., the</p>	03/27/2014			

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	<p>2. Based on record review and interview, the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department for 6 of 12 drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. 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 Record Book on 03/12/14 at 10:00 a.m. with the Maintenance Supervisor present, documentation for the following fire drills said they were "silent drills":</p> <ol style="list-style-type: none"> 1. 05/30/13, second shift at 09:00 p.m. 2. 06/25/13, third shift at 02:00 a.m. 3. 09/25/13, third shift at 04:00 a.m. 4. 11/28/13, second shift at 06:00 p.m. 5. 12/24/13, third shift at 02:00 a.m. 6. 02/28/14, second shift at 07:00 p.m. <p>Based on interview at the time of record review, the Maintenance Supervisor said personnel on the second and third shifts normally do a silent drill when he doesn't come into the facility to run the fire drill himself. Furthermore, there was no documentation to show a fire alarm test</p>		<p>Maintenance Supervisor conducted a test of the fire alarm. The transmission to the monitoring company was successful. Documentation of the transmission was obtained and filed for review.</p> <p>The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for K050 will be available to the surveyor upon their request.</p> <p>Compliance Date: March 27, 2014</p>		

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	<p>was performed at a later time on any of the previously mentioned fire drill reports.</p> <p>3-1.19(b)</p>			

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K010144 SS=C	<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.</p> <p>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 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: Based on review of the facility's</p>	K010144	<p>Tag K144 Per the direction of the surveyor, the Administration purchased and installed a three phase heater to test the load of the existing generator. The installation of the heater was completed in December 2013. The "Emergency Generator LOAD Test Log" was updated to reflect this change. The type of heater purchased and installed was based upon the recommendation of EVAPAR, the company that conducts required testing on the generator. They indicated the heater, when engaged during testing, was more than sufficient to place the generator in a % under load > 30%. It was assumed this was adequate for testing purposes and compliance. During the survey conducted on March 12, 2014, the documentation lacked a calculated percentage for the load test. However, all the data was present to confirm the unit was tested properly and operated under a load % significantly > than the requirement. The formula was secured from EVAPAR and the log has been corrected to reflect the % under load during testing. The formula, with example has been added to the log and the Maintenance</p>	04/08/2014			

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	<p>Emergency Generator Load Test Log on 03/12/14 at 11:40 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form 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. The generator log form was provided with the question, "% Under Load", however, "Yes" was documented during each monthly load test. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation 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.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for 1 of 1 emergency generators was available for 52 of 52 weeks. NFPA 99, 3-4.4.1.3 requires storage batteries used in connection with</p>		<p>Supervisor has been in-serviced regarding the formula. The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for K144 will be available to the surveyor upon their request. Compliance Date: March 17, 2014 Tag K144 (2)</p> <p>The weekly "Visual Inspection of Generator Log" had been modified to reflect documentation for the weekly inspection of the battery for the generator. Maintenance staff will conduct weekly testing on the following areas relevant to the battery. They are:</p> <ul style="list-style-type: none"> · Specific Gravity Test. · Electrolytes Level Testing. · Voltage Reading. · Oil Pressure Reading. · Water Temperature. · Condition of the Posts and Cables. <p>Ranges and/or parameters for items 1 through 5 have been identified and implemented into the "Generator Log".</p>				

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	<p>essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly. NFPA 99, 3-4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's Emergency Generator Load Test Log on 03/12/14 at 11:40 a.m. with the Maintenance Supervisor present, there was documentation on the log sheet to show visual inspections of the generators hoses, belts, oil level, etc., however, there was no documentation to show inspections were performed on a weekly basis of the generator's starting batteries.</p>		<p>The Maintenance Supervisor assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for K144 (2) will be available to the surveyor upon their request.</p> <p>Compliance Date: April 8, 2014</p> <p>Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>		

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	<p>Based on interview at the time of record review, the Maintenance Supervisor confirmed there was no documentation on the Emergency Generator Load Test Log to show weekly inspections of the generators starting batteries.</p> <p>3.1-19(b)</p>			