

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155389	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2014
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NAME OF PROVIDER OR SUPPLIER WESTPARK A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 N TIBBS AVE INDIANAPOLIS, IN 46222
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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: 06/23/14</p> <p>Facility Number: 000473 Provider Number: 155389 AIM Number: 100290410</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westpark Healthcare Center 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 consisted of two sections: the original section determined to be Type III (200) construction and the Addition determined to be Type V (000) construction, both fully sprinklered. The entire facility was surveyed as Type V (000) construction. The facility has a fire</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>alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 89 and had a census of 59 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached storage sheds which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/26/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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>			

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	<p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the second shift for 3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Maintenance Supervisor during record review from 9:20 a.m. to 11:20 a.m. on 06/23/14, second shift fire drills conducted on 08/15/13, 11/13/13 and 05/23/14 were conducted at, respectively, 8:30 p.m., 8:30 p.m. and 8:00 p.m. Based on interview at the time of record review, the Maintenance Supervisor acknowledged second shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p>	K010050	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws.</p> <p>Facility is requesting paper compliance for all deficiencies in this POC.</p> <p>K050 NFPA 101 Life Safety Code Standard</p> <p>The facility's intent is to hold fire drills at unexpected times under varying conditions, at least quarterly on each shift.</p> <p>A. ACTIONS TAKEN:</p> <p>1. Fire drills will be conducted at unexpected times under varying conditions. Fire drills that are conducted on second shift will be conducted at least two hours earlier or two hours later than the time that the prior fire drill was conducted.</p>	07/23/2014

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K010052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD		<p>B. OTHERS IDENTIFIED:</p> <p>No other findings</p> <p>C. MEASURES TAKEN:</p> <p>1. The systemic change that the facility has made is ensuring that future fire drills on second shift be conducted at least two hours earlier or two hours later than the time that the prior fire drill was conducted.</p> <p>D. HOW MONITORED:</p> <p>1 Administrator/Designee will review monthly in QA meeting and quarterly in QA meeting with medical director.</p> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is Wednesday July 23, 2014.</p>		

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	<p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>1. Based on record review, observation and interview; the facility failed to ensure documentation of annual function testing for 2 of 3 duct detectors was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as duct detectors be tested annually. This deficient practice could affect all residents, staff or visitors.</p> <p>Findings include:</p> <p>Based on review of AADCO Alarms & Communication Systems "Inspection and Testing Form" dated 09/10/13 with the Maintenance Supervisor during record review from 9:20 a.m. to 11:20 a.m. on 06/23/14, two duct detectors were not included in the listing of facility smoke detectors functionally tested. The "Alarm-Initiating Devices and Circuit Information" section of the report states a total of three duct detectors are installed in the facility but only the "Duct Detector by Unit A Nurse" was listed as "Pass" as the result of functional testing. Based on observations with the Maintenance</p>	K010052	<p>K052 NFPA 101 Life Safety Code Standard The facilities intent is that the fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. A. Actions Taken: 1 AADCO Alarms and Communications Systems were here on 9/6/12 and inspected, tested and documented the two duct detectors in question. All smoke detectors will be tested and documented as tested every alternate year. B. Others Identified: 1 No Findings C. Measures Taken: 1 Test was completed on 9/6/12 which was within the 2 year time period. Copy has been retrieved and we will keep on file. D. How Monitored: 1 Administrator/Designee will review monthly in QA meeting and quarterly in QA meeting with medical director. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is Wednesday July 23, 2014.</p>	07/23/2014

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	<p>Supervisor during a tour of the facility from 11:20 a.m. to 1:00 p.m. on 06/23/14, a duct detector was observed in the West Hall furnace room, in the Equipment room by the Therapy room and in the Therapy room closet. Based on interview at the time of record review and of the observations, the Maintenance Supervisor stated additional functional testing documentation for the most recent twelve month period was not available for review and acknowledged two duct detectors were not documented as being functionally tested within the last year.</p> <p>3-1.19(b)</p> <p>2. Based on record review, observation and interview; the facility failed to ensure 2 of 91 smoke detectors were maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended,</p>			

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	<p>records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p> <p>To ensure each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. This deficient practice could affect all residents, staff or visitors.</p> <p>Findings include:</p> <p>Based on review of AADCO Alarms & Communication Systems "Inspection and Testing Form" dated 09/06/12 with the</p>			

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	<p>Maintenance Supervisor during record review from 9:20 a.m. to 11:20 a.m. on 06/23/14, two duct detectors were not included in the listing of facility smoke detectors sensitivity tested. The "Alarm-Initiating Devices and Circuit Information" section of the report lists a total of three duct detectors are installed in the facility but only the "Duct Detector by Unit A Nurse" was listed as "Pass" as the result of sensitivity testing. Based on observations with the Maintenance Supervisor during a tour of the facility 11:20 a.m. to 1:00 p.m. on 06/23/14, a duct detector was observed in the West Hall furnace room, in the Equipment room by the Therapy room and in the Therapy room closet. Based on interview at the time of record review and of the observations, the Maintenance Supervisor stated additional functional sensitivity testing documentation was not available for review and acknowledged two duct detectors were not documented as being functionally tested within the most recent two year period.</p> <p>3.1-19(b)</p>			

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K010056 SS=B	<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 the sprinkler system was installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 5-6.3.4 states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 10 residents, staff and visitors in the Activities Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:20 a.m. to 1:00 p.m. on 06/23/14, two sprinkler locations in the Activities Room room near the corridor door were located on the ceiling two feet apart from one another. Based</p>	K010056	<p>K056 NFPA 101 Life Safety Code Standard</p> <p>It is this facilities intent that 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.</p> <p>A. Actions Taken:</p> <p>1 The two automatic sprinkler heads located in the Activities Room near the corridor are six feet from one another.</p> <p>B. Others Identified:</p> <p>1 No other findings.</p>	07/23/2014

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K010144 SS=F	<p>on interview at the time of observation, the Maintenance Supervisor acknowledged the aforementioned sprinkler locations were spaced less than six feet from another sprinkler.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per</p>		<p>C. Measures Take:</p> <ol style="list-style-type: none"> The systemic change that the facility has made is moving the two sprinkler heads located in the Activities room near the corridor door are six feet from one another. 100 percent audit of all facility sprinkler heads to ensure that they are all not less than six feet on the center with no additional findings <p>D. How Monitored:</p> <p>1 Administrator/Designee will review monthly in QA meeting and quarterly in QA meeting with medical director.</p> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is Wednesday July 23, 2014.</p>	

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	<p>month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted for 9 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly</p>	K010144	<p>K144 NFPA 101 Life Safety Code Standard</p> <p>It is this facilities intent that generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA99.</p> <p>A. ACTIONS TAKEN:</p> <p>1. On July 8, 2014 SafeCare checked the generator load bank to ensure that the emergency power supply is not less than 30% of the emergency power supply nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Weekly generator test and monthly load test will be completed by maintenance director/designee.</p> <p>B. OTHERS IDENTIFIED:</p> <p>1. All residents could be affected.</p> <p>C. MEASURES TAKEN:</p> <p>1. Weekly generator test and monthly load test will be completed by maintenance director/designee. Appropriate documentation will be maintained.</p> <p>D. HOW MONITORED:</p> <p>1 Appropriate documentation will be delivered to the Administrator/designee to be reviewed in monthly QA meeting and quarterly in QA meeting with medical director.</p>	07/23/2014

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	<p>maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator-Monthly Test Log" documentation with the Maintenance Supervisor during record review from 9:20 a.m. to 11:20 a.m. on 06/23/14, documentation of monthly load testing for July through December 2013 and for January, March and April 2014 each recorded the monthly load test as less than 30% of the Emergency Power Supply (EPS) nameplate rating. In addition, each of the aforementioned monthly load tests did not document the test was under operating temperature conditions or at loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Based on interview at the time of record review, the Maintenance Supervisor acknowledged documentation of the aforementioned monthly load tests did not indicate they were conducted under operating temperature conditions, or at least 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as</p>		<p>A. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is Wednesday July 23, 2014.</p>				

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K010147 SS=E	<p>recommended by the manufacturer.</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 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips was not used as a substitute for fixed wiring. 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 could affect 14 residents, staff and visitors in the vicinity of the front office area.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:20 a.m. to 1:00 p.m. on 06/23/14, a microwave oven was plugged into a power strip in the front</p>	K010147	<p>K147 NFPA 101 Life Safety Code Standard It is this facilities intent to ensure that electrical wiring and equipment is in accordance with NFPA70. A. ACTIONS TAKEN: 1. Power strip removed and microwave plugged into wall outlet. B. OTHERS IDENTIFIED: 1. No other findings. C. MEASURES TAKEN: 1. 100 percent audit of all electrical outlets to ensure that there are zero findings of using a power strip as a substitute for fixed wiring. D. HOW MONITORED: 1 Administrator/Designee will review monthly in QA meeting and quarterly in QA meeting with medical director. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>	07/08/2014

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	office area. Based on interview at the time of observation, the Maintenance Supervisor acknowledged a power strip was being used as a substitute for fixed wiring in the front office area. 3.1-19(b)		Our date of completion is Wednesday July 23, 2014.		