

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155768	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  03/06/2012
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NAME OF PROVIDER OR SUPPLIER  EVANSVILLE PROTESTANT HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WASHINGTON AVE EVANSVILLE, IN 47714
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K0000	<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: 03/06/12</p> <p>Facility Number: 001125 Provider Number: 155768 AIM Number: NA</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Evansville Protestant Home, Inc. was found not in compliance with Requirements for Participation in Medicare 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of two buildings connected by a service corridor. The north building is a</p>	K0000	1 Please accept this plan of correction as or credible allegation of compliance, this plan of correction is submitted as part of regulatory required response and should not be construed as agreement with the deficiencies cited.	

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>one story facility determined to be of Type II (000) with a basement and fully sprinklered. The south building is a one story facility determined to be of Type II (000) and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Resident rooms are not provided with smoke detection. The facility has a capacity of 87 and had a census of 51 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/08/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to properly test and maintain 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 3-8.1 allows fire alarm system components to share control equipment or operate as stand alone systems, but in any case, they shall be arranged to function as a single system. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble</p>	K0051	Please accept this plan of correction as or credible allegation of compliance, this plan of correction is submitted as part of regulatory required response and should not be construed as agreement with the deficiencies cited. <b>1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. A second line has been added to the communicator or digital alarm communicator. The Digital Alarm Communicator Transmitter has had a keypad added to the outside of the fire enunciator panel so the two function together. The Digital</b>	04/05/2012			

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	<p>signals to be distinctive and descriptively annunciated. NFPA 72, 5-5.3.2.1.6.1 requires the following: A DACT (Digital Alarm Communicator Transmitter) shall employ one of the following combinations of transmission channels:</p> <ol style="list-style-type: none"> <li>(1) Two telephone lines (numbers)</li> <li>(2) One telephone line (number) and one cellular telephone connection</li> <li>(3) One telephone line (number) and a one way radio system</li> <li>(4) One telephone line (number) equipped with a derived local channel</li> <li>(5) One telephone line (number) and a one way private radio alarm system</li> <li>(6) One telephone line (number) and a private microwave radio system</li> <li>(7) One telephone line (number) and a two way RF multiplex system</li> <li>(8) A single integrated services digital network (ISDN) telephone line using a terminal adapter specifically listed for supervising station fire alarm service, where the path between the transmitter and the switched telephone</li> </ol>		<p><b>Alarm Communicator will sound an audible alarm at the south nurse's station which is staffed 24 hours per day. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. The facility has one fire enunciator panel and one digital alarm communicator transmitter. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. The same procedures shall be followed to indicate trouble in the fire panel per facility procedures; in addition the facility has added a code to the audible communicator attached to the fire panel in the event the transmitter has some failure. The keypad panel shall turn red and stay that way until it is reset. Only the maintenance department or the vendor can reset the system. Inservice for staff of the digital communicator function shall be completed by 4-5-12. Maintenance staff shall be</b></p>				

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	<p>network serving central office is monitored for integrity so the occurrence of an adverse condition in the path shall be annunciated at the supervising station within 200 seconds. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>a. Based on observation on 03/06/12 at 11:50 a.m. with the Maintenance Supervisor and the Administrator, there was only one telephone line available for the automatic dialer. Based on interview at the time of observation, it was acknowledged by the Maintenance Supervisor and the Administrator there was only one telephone line available for the automatic transmission of the fire alarm signal with no other secondary back up in place.</p> <p>b. Based on observations on 03/06/12 between 11:00 a.m. and 12:30 p.m. during a tour of the facility with the Maintenance Supervisor and the Administrator, the fire alarm communication panel (dialer) was located in the</p>		<p><b>inserviced on reset procedure in addition to the above inservice. Environmental supervisor of designee is responsible to ensure the digital communicator is functioning properly and the commuicator shall be added to the daily rounds as part of preventive mainte4nace schedule.</b>4. How shall the facility monitor?Daily rounds compelted by the environmental supervisor or designee shall review the communicator for proper function. Audits shall be brought to QA for review. The communicator function shall be monitored with the preventive mainatenace program and shall occur 5 times a week for 4 weeks and the weekly there after.</p>	

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	<p>sprinkler riser/self serve laundry room. The main fire alarm control panel was located at the south unit Nurses' Station. When the Digital Alarm Communicator Transmitter (DACT) in the sprinkler riser/self serve laundry room was placed in trouble from phone line failure at 12:05 p.m., the DACT did illuminate a yellow trouble signal, plus actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at the south unit Nurses' Station fire alarm control panel. The sprinkler riser/self serve laundry room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at any of the facility's three Nurses' Stations. Based on interview at 12:10 p.m., the Maintenance Supervisor and Administrator acknowledged the phone line failure did not send a trouble signal to the south unit Nurses' Station fire alarm control panel.</p> <p>3.1-19(b)</p>			