

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155221	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2015
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 E DAVIS DR TERRE HAUTE, IN 47802
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K 0000 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: 10/30/15</p> <p>Facility Number: 000126 Provider Number: 155221 AIM Number: 100266400</p> <p>At this Life Safety Code survey, Westminster Village Health & Rehab 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 two story facility was determined to be Type II (000) construction and was fully sprinklered except for the second floor Housekeeping Supply Room. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke</p>	K 0000	<p>K 000 Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Westminster Village Health & Rehab of the truth of the facts alleged in this statement of deficiency and plan of correction is submitted exclusively to comply with state and federal law. Westminster Village Health & Rehab reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis of the stated deficiency. This plan of correction serves as the allegation of compliance. This statement of deficiencies will be taken to Westminster Village Health & Rehab's Quality Assurance Performance Improvement Committee.</p> <p>We are in full compliance as of November 29, 2015 and respectfully request a desk review in lieu of a post survey revisit.</p>	
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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 0020 SS=E Bldg. 01	<p>detectors installed in all resident sleeping rooms. The facility has a capacity of 78 and had a census of 66 at the time of this visit.</p> <p>The facility has elected to utilize Categorical Waivers pertaining to annual load bank testing for the emergency generator and monthly fire pump testing.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the second floor Housekeeping Supply Room.</p> <p>Quality Review on 11/10/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>Based on observation and interview, the facility failed to enclose 2 of 5 vertical openings with construction having a fire resistance rating of at least one hour. LSC 8.2.5.2 requires openings shall be protected as appropriate for the fire resistance rating of the barrier. LSC 7.1.3.2.1(a) requires a one hour rating in existing buildings of three stories or less.</p>	K 0020	<p><u>K020-LifeSafety Code Standard</u> Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice?</p> <p>Thisdeficient practice could affect visitors, staff and residents. No one sufferedadverse effects as a result of this practice. We had Crossroads door andhardware come out to correct the issues with the doors.</p>	11/29/2015
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	<p>7.1.3.2.1(c) requires openings in separations shall be protected by fire door assemblies. NFPA 80, the Standard for Fire Doors and Fire Windows, 1999 Edition, at 2-1.4.1 requires swinging doors to be equipped with self closing devices which will cause the door to close and latch each time it is opened. This deficient practice could affect 20 residents, staff and visitors on the second floor.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:45 a.m. to 1:20 p.m. on 10/30/15, the stairwell door on the second floor by the nurse's station and the stairwell door on the second floor by Room G222 each had a 90 minute fire resistance rating and was provided with a self closing device but the latching mechanism failed to latch the door into the door frame when each door was attempted to self close five separate times. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned second floor stairwell doors each failed to latch into the door frame to provide the vertical opening with a fire resistance rating of at least one hour.</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 in the facility have the potential to be affected by this practice. A preventative maintenance schedule will be put in place.</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>Added to the preventative maintenance schedule monthly.</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>An audit tool will be created to check that the preventative maintenance is in place and checked quarterly times four quarters.</p>		

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K 0033 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1</p> <p>Based on observation and interview, the facility failed to enclose 1 of 3 stairways with construction having a fire resistance rating of at least one hour. LSC 8.2.5.2 requires openings shall be protected as appropriate for the fire resistance rating of the barrier. LSC 7.1.3.2.1(a) requires a one hour rating in existing buildings of three stories or less. 7.1.3.2.1(c) requires openings in separations shall be protected by fire door assemblies. NFPA 80, the Standard for Fire Doors and Fire Windows, 1999 Edition, at 2-1.4.1 requires swinging doors to be equipped with self closing devices which will cause the door to close and latch each time it is opened. This deficient practice could affect 20 residents, staff and visitors on the second floor.</p>	K 0033	<p><u>K033-LifeSafety Code Standard</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>This deficient practice could affect visitors, staff and residents. No one suffered adverse effects as a result of this practice. We had Crossroads door and hardware come out to correct the issues with the doors.</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 in the facility have the potential to be affected by this practice. A preventative maintenance schedule will be put in place.</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>	11/29/2015	

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K 0048 SS=D Bldg. 01	<p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:45 a.m. to 1:20 p.m. on 10/30/15, the stairwell door on the second floor by the nurse's station and the stairwell door on the second floor by Room G222 each had a 90 minute fire resistance rating and was provided with a self closing device but the latching mechanism failed to latch the door into the door frame when each door was attempted to self close five separate times. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned second floor stairwell doors each failed to latch into the door frame to provide each stairway with a fire resistance rating of at least one hour.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review, observation and</p>	K 0048	<p>Added to the preventative maintenance schedule monthly.</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>An audit tool will be created to check that the preventative maintenance is in place and checked quarterly times four quarters.</p> <p><u>K048- Life Safety Code Standard</u> What corrective action(s) will be</p>	11/29/2015

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	<p>interview; the facility failed to include the use of the kitchen range hood fire suppression system in relation to kitchen fire extinguishers for 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect 5 staff in the kitchen.</p> <p>Findings include:</p> <p>Based on review of "Emergency/Disaster Preparedness Plan: Fire Emergencies" documentation with the Maintenance Director during record review from 9:20 a.m. to 11:45 a.m. on 10/30/15, the written fire safety plan did not address the use of the kitchen range hood fire suppression system in relationship with the use of the kitchen K class fire extinguisher. The aforementioned written fire safety plan under the</p>		<p>accomplished for those residents found to have been affected by the deficient practice? No residents suffered adverse effects as a result of this practice. This deficiency could affect five staff members in the kitchen. We have updated the Emergency/Disaster Preparedness Plan: Fire Emergencies to include the written fire safety plan addressing the use of the kitchen range hood fire suppression system in relationship with the use of the kitchen K class fire 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? All residents in the facility have the potential to be affected by this practice. Maintenance Director or designee and the health center Administrator will review the emergency/disaster preparedness plan annually.</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? Any updates done to the emergency/disaster plan will need approval by the maintenance director or designee and the health center administrator.</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>	

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K 0056 SS=D Bldg. 01	"Kitchen Fire" section stated "Fight fire with Extinguisher as able" and contained no statement on the use of the range hood suppression system. Based on interview at the time of record review, the Maintenance Director acknowledged the written fire safety plan did not address the use of the range hood suppression system in relationship with the use of the K Class fire extinguisher. Based on observation with the Maintenance Supervisor during a tour of the facility from 11:45 a.m. to 1:20 p.m. on 10/30/15, one K class fire extinguisher was located in the kitchen and a placard was conspicuously placed near the extinguisher which stated the range hood fire protection system shall be activated prior to using the K Class fire extinguisher. 3.1-19(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13,		Maintenance Director or designee and the health center administrator will approve the emergency/disaster plan annually.		

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	<p>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 automatic sprinklers were installed in the second floor Housekeeping Supply Room to provide coverage for all portions of the building. This deficient practice could affect five staff and visitors in the vicinity of the second floor Housekeeping Supply Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:45 a.m. to 1:20 p.m. on 10/30/15, the second floor Housekeeping Supply Room was not sprinklered. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the second floor Housekeeping Supply Room was not sprinklered.</p>	K 0056	<p><u>K056 -Life Safety Code Standard</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents suffered adverse effects as a result of this practice. This deficient practice could affect five staff and visitors in the vicinity of the second floor housekeeping supply room. We are having Hydro Fire Protection install an automatic sprinklerhead in the housekeeping supply room; this has been ordered and will be installed as soon as Hydro Fire Protection receives the parts. Anticipated installation is the week of November 30, 2015.</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 in the facility have the potential to be affected by this practice. A preventative maintenance schedule will be put in place to</p>	11/29/2015

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K 0062 SS=F Bldg. 01	<p>3.1-19(b) 3.1-19(ff)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on record review, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler system's fire pump was continuously maintained in reliable operating condition. NFPA 25, 5-3.3.1 states an annual test of each pump assembly shall be conducted under minimum, rated and peak flows of the fire pump. Section 1-4.4 states the owner or occupant promptly shall correct or repair deficiencies, damaged parts, or impairments found while performing the</p>	K 0062	<p>check the sprinklerhead monthly. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur, i.e. what quality assurance program will be put into place? Added to the preventative maintenance schedule monthly. 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? An audit tool will be created to check that the preventative maintenance is in place and checked quarterly times four quarters.</p> <p><u>K062 - Life Safety Code Standard</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents suffered adverse effects as a result of this practice. This deficiency could affect all residents, staff and visitors. We are having Hydro Fire Protection install a new updated fire pump panel, we have this on order and it will be installed as soon as it arrives. There is a 3-4 week delivery and anticipated</p>	11/29/2015

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	<p>inspection, test, and maintenance requirements of this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. Section 1-8 states records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Hydro Fire Protection's "Fire Pump System" documentation dated 07/01/15 and 10/07/15 during record review with the Maintenance Supervisor from 9:20 a.m. to 11:45 a.m. on 10/30, the fire pump inspection for the automatic sprinkler system stated the electric fire pump "failed" testing. In addition, review of Hydro Fire Protection's "Fire Pump Flow Test" documentation dated 10/07/15 noted the fire pump panel has a faulty contactor, the facility has requested a price to replace the fire pump panel as the current panel is obsolete and parts for it are no longer available. Based on interview at the time of record review, the Maintenance Supervisor stated the fire pump is still operable, parts have been ordered to replace the panel but</p>		<p>installation is the week of November 30, 2015.</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 in the facility have the potential to be affected by this practice. Maintenance Director or designee will review all of Hydro Fire Protection's inspections and immediately fix any issues if the pump fails testing. Maintenance Director or designee will keep documentation of all ongoing communication until issues are resolved and the pump has passed testing.</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, i.e. what quality assurance program will be put into place?</p> <p>Hydro fire protection comes to inspect quarterly, a preventative maintenance will be generated to remind the maintenance director or designee to check the inspection for pass/fail.</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>Maintenance Director or designee will check all hydro fire protection quarterly inspections for pass/fail.</p>	

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K 0130 SS=F Bldg. 01	<p>acknowledged documentation for fire pump testing within the most recent twelve month period indicated the fire pump was listed as failed with no repair or replace documentation after 07/01/15 available for review. Based on observation with the Maintenance Supervisor during a tour of the facility from 11:45 a.m. to 1:20 p.m. on 10/30/15, one fire pump for the automatic sprinkler system was noted in the sprinkler riser room.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program for battery operated smoke detectors installed in 39 of 39 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0130	<p><u>K130 -Life Safety Code Standard</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents suffered adverse effects as a result of this practice. This deficiency could affect all residents, staff and visitors. Maintenance cleaned all 39 battery operated smoke detectors installed in the resident rooms with clean compressed air.</p> <p>How other residents having the potential to be affected by the same deficient practice will be</p>	11/29/2015

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	Based on review of "Weekly Smoke Detector Inspection" documentation with the Maintenance Supervisor during record review from 9:20 a.m. to 11:45 a.m. on 10/30/15, documentation of an itemized list by location of battery operated smoke detector cleaning for the most recent twelve month period was not available for review. Based on interview at the time of record review, the Maintenance Supervisor stated the aforementioned weekly battery operated smoke detector testing documentation only includes functional testing of the detectors and acknowledged documentation of an itemized list by location of battery operated smoke detector cleaning for the most recent twelve month period was not available for review. Based on observation with the Maintenance Supervisor during a tour of the facility from 11:45 a.m. to 1:20 p.m. on 10/30/15, a Kidde First Alert Model SA340 battery operated smoke detector was installed in Room G208. Manufacturer's instructions affixed to the back of the battery operated smoke detector stated to "gently vacuum or use clean compressed air once per month" to clean the smoke detector. Based on interview at the time of observation, the Maintenance Supervisor stated the facility has the same model battery operated smoke detector installed in each		<p>identified and what corrective action(s) will be taken?</p> <p>All residents in the facility have the potential to be affected by this practice. We have cleaned all 39 battery operated smoke detectors installed in the resident rooms with clean compressed air. We have created a preventative maintenance schedule for maintenance to clean all 39 battery operated smoke detectors in the health center by gently vacuuming or using clean compressed air. A cleaning documentation checklist has been created.</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, i.e. what quality assurance program will be put into place?</p> <p>A preventative maintenance schedule for maintenance to clean all 39 battery operated smoke detectors in the health center by gently vacuuming or using clean compressed air has been generated. A cleaning documentation checklist has been created.</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>Maintenance director or designee will monitor monthly for completion of cleaning checklist.</p>	

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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 E DAVIS DR TERRE HAUTE, IN 47802
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K 0154 SS=C Bldg. 01	<p>of 39 resident sleeping rooms in the facility and acknowledged an itemized list by location of monthly battery operated smoke detector cleaning documentation for the most recent twelve month period was not available for review.</p> <p>3.1-19(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 28 of 28</p>	K 0154	<p><u>K154-Life Safety Code Standard</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents suffered adverse effects as a result of this practice. This deficient practice could affect visitors, staff and residents. We have</p>	11/29/2015

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	<p>residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency/Disaster Preparedness Plan" and the facility's Life Safety Code book containing "Policy for Fire Watch" documentation with the Administrator and the Maintenance Director during record review from 9:20 a.m. to 11:45 a.m. on 10/30/15, the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the alarm company, the local fire department, the insurance carrier and the building owner. Based on interview at the time of record review, the Maintenance Supervisor acknowledged the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or</p>		<p>updated theEmergency/Disaster Preparedness Plan: Fire Watch to include the five differentpeople that need to be notified if the automatic sprinkler system has to beplaced out of service for four hours or more in a 24 hour period.</p> <p>How other residents having thepotential to be affected by the same deficient practice will be identified andwhat corrective action(s) will be taken?</p> <p>Allresidents in the facility have the potential to be affected by this practice. MaintenanceDirector or designee and the health center administrator will review theemergency/disaster preparedness plan annually.</p> <p>What measures will be put into placeor what systemic changes will be made to ensure that the deficient practicedoes not recur, i.e. what quality assurance program will be put into place?</p> <p>Any updates done to the emergency/disaster plan will need approval bythe maintenance director or designee and the health center administrator.</p> <p>How the corrective action(s) will bemonitored to ensure the deficient practice will not recur, i.e. what qualityassurance program will be put into place?</p> <p>Maintenance Director or designee and the health center administratorwill approve the emergency/disaster plan annually.</p>	

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K 0160 SS=E Bldg. 01	<p>more in a 24 hour period did not include notification of the aforementioned entities.</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 record review, observation and interview; the facility failed to ensure the elevator equipment in 1 of 1 elevator equipment rooms was provided with a shunt trip. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect four residents, staff and visitors in the elevator if the sprinkler system was</p>	K 0160	<p><u>K160-Life Safety Code Standard</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents suffered adverse effects as a result of this practice. This deficiency could affect four residents, staff and visitors. Sycamore Engineering Company and ThyssenKrupp Elevator Company will install a shunt trip in the elevator machine room. We have ordered the shunt and there is a 3-4 week delivery on the equipment. Installation will occur once the</p>	11/29/2015

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	<p>activated in the elevator machine room.</p> <p>Findings include:</p> <p>Based on record review with the Administrator and the Maintenance Supervisor from 9:20 a.m. to 11:45 a.m. on 10/30/15, documentation of shunt trip installation in the elevator machine room was not available for review. Based on interview at the time of record review, the Administrator acknowledged documentation of shunt trip installation in the elevator machine room was not available for review. Based on observation with the Maintenance Supervisor during a tour of the facility from 11:45 a.m. to 1:20 p.m. on 10/30/15, the elevator machine room was provided with an automatic sprinkler but no evidence of shunt trip installation was noted. Based on interview at the time of observation, the Maintenance Supervisor acknowledged comprehensive care residents have customary access to the elevator and acknowledged it could not be assured the aforementioned elevator machine room was provided with a shunt trip.</p> <p>3.1-19(b)</p>		<p>company has received the equipment.</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 in the facility have the potential to be affected by this practice. Sycamore Engineering Company and ThyssenKrupp Elevator Company will install a shunt trip in the elevator machine room.</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, i.e. what quality assurance program will be put into place?</p> <p>An annual inspection is completed by homeland security and ThyssenKrupp checks the elevators monthly for safety and functionality.</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>Maintenance director or designee will monitor monthly for completion of safety and functionality testing.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/24/2015
FORM APPROVED
OMB NO. 0938-0391

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