

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155093	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/03/2013
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NAME OF PROVIDER OR SUPPLIER GIBSON GENERAL HOSPITAL-SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 SHERMAN DR PRINCETON, IN 47670
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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: 04/03/13</p> <p>Facility Number: 000036 Provider Number: 155093 AIM Number: 100269640</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Gibson General Hospital-SNF 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 facility was located on the fifth floor of a five story building with a basement which was determined to be of Type I (443) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors,</p>	K010000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by this facility that the allegations in this survey report are accurate or reflect accurately the provision of nursing care and service to the residents of Gibson General Hospital Skilled Nursing Facility. The SNF requests that the following plan of correction be considered its credible allegation of compliance. The SNF respectfully requests that a post-certification desk review, rather than a post-certification onsite visit, occur to verify compliance.</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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	<p>plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 45 and had a census of 37 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010048 SS=F	<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 and interview, the facility failed to provide a complete written fire safety plan for the protection of 37 of 37 residents including staff response to battery operated smoke detectors in resident sleeping rooms, thus addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan 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 all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the facility's fire safety plan titled "Procedures in the Event of a Fire" on 04/03/13 at 1:40 p.m. with the Manager of Engineering/Maintenance</p>	K010048	No residents were negatively affected by the alleged deficient practice. It was determined that all residents had the potential to be affected. The Facility Service Director reviewed the SNF's written fire safety plan. Compliance with the following components of NFPA 101, 2000 edition, Section 19.7.2.2 was addressed: A) Use of alarms; B) Transmission of alarm to the fire department; and C) Response to alarms. The following measures and systemic changes will be put in place to ensure that the alleged deficient practice does not recur: 1) The "Fire Drill" and "Procedures in the Event of a Fire" SNF policies will be revised to include battery operated smoke detectors as a component of the SNF's fire alarm system 2) SNF staff were educated on 4/25/13 and this education included: a) that the desired response to an actuated battery operated smoke detector includes pulling the nearest automatic fire alarm pull station; and b) recognizing the sound made by an actuated battery operated smoke detector and that it differs from the sound made by an actuated automatic fire alarm system smoke detector. This training was	05/03/2013			

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	<p>present, the plan did not address staff reaction to resident room battery operated smoke detectors if actuated. Based on interview at the time of record review, the Manager of Engineering/Maintenance acknowledged the fire safety plan was not a complete plan.</p> <p>3.1-19(b)</p>		<p>coordinated by the SNF Director of Nursing. 3) Residents who are appropriate to receive the training will be taught to pull their call cord if a battery operated smoke detector actuates in their room or in the vicinity of their room. This training will be completed by 5/3/13 and will be coordinated by the SNF Director of Nursing and SNF Social Service Designee. 4) One fire drill will be held on first, second, and third shift by 5/3/13 and each will be initiated by an actuated SNF battery operated smoke detector. Staff will be observed to ensure that the response includes pulling the nearest automatic fire alarm pull station. Any exceptions to the desired response will be addressed immediately with education and redirection. The fire drills will be coordinated by the Engineering/Maintenance Manager. 5) The SNF Director of Nursing will ensure that by 5/3/13 newly hired SNF staff orientation includes: a) that the desired response to an actuated battery operated smoke detector includes pulling the nearest automatic fire alarm pull station; b) recognizing the sound made by an actuated battery operated smoke detector and c) that an actuated battery operated smoke detector sound differs from the sound made by an actuated automatic fire alarm system smoke detector. 6) The Social Service Designee will ensure that</p>		

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			by 5/3/13 newly admitted residents who are appropriate to receive the training will be taught to pull their call cord if a battery operated smoke detector actuates in their room or in the vicinity of their room. This training will be completed no later than the 15th day following admission. The following monitoring process will be implemented to ensure that the alleged deficient practice does not recur: 1) An actuated SNF battery operated smoke detector will be used to initiate one fire drill for first, second, and third shift between 5/4/13 and 6/3/13. After 6/3/13 an actuated SNF battery operated smoke detector will be used to initiate one fire drill on first, second, and third shift at least annually. Staff will be observed to ensure that the response includes pulling the nearest automatic fire alarm pull station. Any exceptions to the desired response will be addressed immediately with education and redirection. The fire drills will be coordinated by the Engineering/Maintenance Manager. 2) A summary report of fire drills initiated by actuated SNF battery operated smoke detectors will be prepared by the Engineering/Maintenance Manager and will be shared with the SNF Performance Improvement Committee (PIC) in July. This topic will then be revisited by SNF PIC annually.	

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			The SNF Director of Nursing will audit that all newly hired SNF staff is: a) made aware of the desired and expected staff response to actuated resident room battery operated smoke detectors; b) that they recognize the sound made by a battery operated smoke detector; and c) that an actuated battery operated smoke detector sound differs from the sound made by an automatic fire alarm system smoke detector. Audit results will be shared with SNF PIC in July. This topic will then be revisited by SNF PIC annually. The Social Service Designee will audit that newly admitted residents appropriate for training are trained to use their pull cord if a battery operated smoke detector actuates in their room or in the vicinity of their room. Audit results will be shared with SNF PIC in July. This topic will then be revisited by SNF PIC annually. SNF PIC will monitor for compliance and will make recommendations as they see fit.		

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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 provide quarterly fire drill documentation for 1 of 3 shifts during 1 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 drill records in the Fire Drill and Safety book on 04/03/13 at 12:25 p.m. with the Manager of Engineering/Maintenance present, the facility lacked written documentation a fire drill was conducted during the third shift (night) of the third quarter (July, August, and September) of 2012. This was acknowledged by the Manager of Engineering/Maintenance at the time of record review.</p> <p>3.1-19(b)</p>	K010050	<p>No residents were negatively affected by the alleged deficient practices. It was determined that all residents had the potential to be affected. The following measures and systemic changes will be put in place to ensure that the alleged deficient practices do not recur: 1) Fire drills will be scheduled annually to ensure that each shift has a drill during each quarter of the calendar year. Scheduling and coordinating fire drills is the responsibility of the Engineering/Maintenance Manager. The Facility Services Director will maintain a copy of the schedule. 2) A copy of the most recent SNF fire drill participation records will be forwarded to the SNF Administrator monthly. 3) The Safety Committee agenda includes verification from the Facility Services Director that fire drills have been completed as scheduled since the last meeting. Any lapses will be</p>	05/03/2013			

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	<p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 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 Fire Drill and Safety book on 04/03/13 at 12:25 p.m. with the Manager of Engineering/Maintenance present, three of four second shift (evening) fire drills were performed between 8:30 p.m. and 8:56 p.m. During an interview at the time of record review, the Manager of Engineering/Maintenance acknowledged the times the second shift fire drills were performed.</p> <p>3-1.19(b)</p>		<p>addressed by the Facility Services Director. 4) Timing of drills will be trended by the Engineering/Maintenance Manager to assure times are varied. Trending results will be shared with the Facility Services Director. The following monitoring processes will be implemented to ensure that the alleged deficient practice does not recur: The SNF Administrator will present fire drill times and SNF participation records to the SNF Performance Improvement Committee (PIC) quarterly beginning in July. SNF PIC will monitor for compliance and will make recommendations as they see fit. The Facility Services Director will share fire drill time trending results quarterly with the Safety Committee beginning in June. The Safety Committee will monitor for compliance and will make recommendations as they see fit.</p>		