STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155177	A. BUILDING 01 B. WING	04/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE - WEST LAFAYETTE	2741 N SALISBURY ST WEST LAFAYETTE, IN 47906

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K 0000 Bldg. 01	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). Survey Date: 04/05/17 Facility Number: 000093 Provider Number: 155177 AIM Number: 201271750 At this Life Safety Code survey, Westminster Village-West Lafayette was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. The facility consists of the Courtyard, Pavilion and Terrace in a one story sprinklered building determined to be of Type III (211) construction. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	72 and had a census of 68 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 04/11/17 - DA			
K 0131 SS=F Bldg. 01	NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: * They are not intended to serve four or more inpatients. * They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8. * The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.3, 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 Based on observation and interview, the facility failed to provide a two-hour rated construction of 1 of 1 separation walls between the assisted living portion of the building and the health care portion of the building. This deficient practice could	K 0131	The plant operations director contacted the contractor on 4/5/17 to request that the contractor repair the separation wall that separated the Pavilion area from the Assisted Living area. The repair was made per	04/23/2017

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	affect all residents of the health care facility. Findings include: Based on observation during a tour of the facility with the Plant Operations Director on 04/05/17 at 11:47 a.m., the separation wall that separated the Pavilion area from Assisted Living area of the facility stopped approximately six inches from the ceiling above. Based on interview at the time of observation, the Plant Operations Director acknowledged the aforementioned condition and provided the measurements listed. 3.1-19(b)		NFPA 101 guidelines on 4/21/17. All separation walls were inspected by 4/23/17 to ensure each met NFPA 101 guidelines. All maintenance staff will be inserviced on separation wall guidelines by 5/5/17. Monthly inspections will be completed by the plant operations director or his designee to review the aforementioned areas. Findings of the inspections will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the findings. The QAPI committee will meet quarterly.	
K 0226 SS=E Bldg. 01	NFPA 101 Horizontal Exits Horizontal Exits Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4. 18.2.2.5, 19.2.2.5 Based on observation and interview, the facility failed to ensure 2 of 2 fire door sets was arranged to automatically close and latch. LSC section 7.2.4.3.10 requires all fire door assemblies in horizontal exits shall be self-closing or automatic-closing. In addition NFPA 80, the Standard for Fire Doors and Other Opening Protectives, section 6.1.4.2.1	K 0226	The plant operations director contacted the contractor on 4/5/17 to request that the contractor provide a quote to repair the fire door sets that separate the Pavilion area from the Assisted Living area. This repair will be made per NFPA 101 guidelines by 5/5/17. Additional horizontal exits were inspected by 4/7/17 to ensure each met NFPA	05/05/2017

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	states self-closing doors shall swing easily and freely and shall be equipped with a closing device to cause the door to close and latch each time it is opened. This deficient could affect 1 of 4 smoke compartments. Findings include: Based on observations during a tour of the facility with the Plant Operations Director on 04/05/17 at 10:17 a.m., the fire door set entering the assisted living wing failed to latch into the door frame. The door frame lacked the latching hardware. Based on interview at the time of observation, the Plant Operations Director acknowledged and confirmed the fire door set was equipped with only a magnetic locking device which would release with the activation of the fire alarm system. 3.1-19(b)		101 guidelines. All maintenance staff will be inserviced on fire door guidelines by 5/5/17. Monthly inspections will be completed by the plant operations director or his designee to review the aforementioned areas. Findings of the inspections will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the findings. The QAPI committee will meet quarterly.	
K 0331 SS=E Bldg. 01	NFPA 101 Interior Wall and Ceiling Finish Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions,			

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	columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s). _____			
	Based on observation and interview, the facility failed to ensure materials used as an interior finish on the ceiling in 3 of 3 Data Rooms had a flame spread rating of Class A or Class B in accordance with 19.3.3.1. LSC 101 10.2.3.4 states products required to be tested in accordance with ASTM E 84, Standard Test Method for Surface Burning Characteristics of Building Materials or ANSI/UL 723, Standard for Test for Surface Burning Characteristics of Building Materials shall be grouped in the following classes in accordance with their flame spread and smoke development. (a) Class A Interior Wall and Ceiling Finish. Flame spread 0-25; smoke development 0-450. Includes any material classified at 25 or less on the flame spread test scale and 450 or less on the smoke test scale. Any element thereof, when so tested, shall not continue to propagate fire. (b) Class B Interior Wall and Ceiling Finish. Flame spread 26-75; smoke development 0-450. Includes any material classified at more than 25 but	K 0331	The plant operations director reviewed the facility documentation and determined that the interior walls and ceiling finishings do meet NFPA 101 guidelines. The documentation was located on 4/7/17 after the LSC inspector exited the facility. Documentation will be provided with this plan of correction. The guidelines were followed during the remodel of the facility in 2012.	04/07/2017

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	not more than 75 on the flame spread test scale and 450 or less on the smoke test scale. (c) Class C Interior Wall and Ceiling Finish. Flame spread 76-200; smoke development 0-450. Includes any material classified at more than 75 but not more than 200 on the flame spread test scale and 450 or less on the smoke test scale. This deficient practice could affect up to 10 residents, visitors and staff in the main entry area. Findings include: Based on observation with the Plant Operations Director on 04/05/17 at 10:17 a.m., there was wood paneling approximately 48 inches up from the floor on the walls in the main lobby and in the dining area. When asked if there was documentation on the flame spread rating of the aforementioned wood paneling available for review, none could be provided. This was acknowledged by the Plant Operations Director at the time of observation. 3.1-19(b)			
K 0341 SS=E	NFPA 101 Fire Alarm System - Installation			

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Bldg. 01	Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was installed in accordance with 19.3.4.1. NFPA 72, 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. A.17.7.4.1 states detectors should not be located in a direct airflow or closer than 36 inches. This deficient practice could affect staff and up to 18 residents in the smoke compartment. Findings include: Based on observation with the Plant Operations Director on 04/05/17 at 11:40 a.m., the Social Services office had a smoke detector approximately 24 inches from an air duct. Based on interview at the time of the observation, the Plant	K 0341	The health facility administrator created a work order on 4/23/17 to request that the maintenance technician relocate the smoke detector in the social services office per NFPA 101 guidelines. This relocation will be made per NFPA 101 guidelines by 5/5/17. All smoke detector heads were inspected by 4/7/17 to ensure they were at least 36 inches from direct airflow. All maintenance staff will be inserviced on smoke detector placement guidelines by 5/5/17. Monthly inspections will be completed by the plant operations director or his designee to review the aforementioned areas. Findings of the inspections will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the findings. The QAPI committee	05/05/2017

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	Operations Director acknowledged the aforementioned condition. 3.1-19(b)		will meet quarterly.	
K 0346 SS=F Bldg. 01	NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6 Based on record review and interview, the facility failed to provide a complete 1 of 1 written policy for the protection of residents indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants. Findings include: Based on record review with the Maintenance Manager on 02/23/17 at 10:33 a.m., the facility provided fire watch documentation but it was incomplete. The plan failed to include that a trained person had to be assigned	K 0346	The fire watch documentation was amended by the security team leader on 4/7/17 per NFPA 101 guidelines to include verbiage stating a trained person would be assigned to the fire watch and that person would have no other tasks or duties. All security staff will be inserviced on this documentation by 5/5/17. Fire watch documentation will be reviewed by the security team leader or his designee upon the completion of each fire watch episode. Findings of the review will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the findings. The QAPI committee will meet quarterly.	05/05/2017

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	for the fire watch, and that they have no other assigned tasks or duties. Based on interview during the record review, the Plant Operations Director acknowledged the aforementioned condition. 3.1-19(b)			
K 0353 SS=F Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1) Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe	K 0353	The plant operations director created a check system to inspect dry pipe sprinkler systems, fire department connections and valves on 4/7/17 per NFPA 101 guidelines. The aforementioned areas have been inspected weekly beginning on 4/7/17. Additionally, the plan	05/05/2017

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	sprinkler systems shall be inspected weekly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1 states all valves shall be inspected weekly. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all clients and staff in the facility. Findings include: Based on review of Ace Fire Protection Inc. "Report of Inspection / Test" documentation dated 04/04/17, 12/27/16, 07/05/2016, and 04/05/2016, there were no documented weekly sprinkler gauge inspections noted. In addition, weekly inspection documentation for all sprinkler system control valves was also not available for review. Based on interview at the time of record review, the Plant Operations Director acknowledged weekly sprinkler system gauge inspection documentation and weekly control valve inspection documentation, for the aforementioned		operations director contacted fire protection contractor to schedule an automatic sprinkler piping system internal inspection. The inspection will occur by 5/5/17. All maintenance staff will be inserviced on the dry pipe sprinkler systems, fire department connections and valve guidelines by 5/5/17. Monthly inspections will be completed by the plant operations director or his designee to review the aforementioned areas. Findings of the inspections will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the findings. The QAPI committee will meet quarterly.	

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	periods, was not available for review. 3.1-19(b) 2) Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was examined for internal obstructions where conditions exist that could cause obstructed piping as required by NFPA 25, 2011 Edition, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, section 14.2.2. This deficient practice affects all residents, staff and visitors. Findings include: Based on record review with the Plant Operations Director on 04/05/17 at 10:47 a.m., the most current internal pipe inspection available for review was dated September 12th of 2008. Based on an interview with the Plant Operations Director at the time of record review, he stated that a more current internal pipe inspection was not available for review. 3.1-19(b)			

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K 0711 SS=E Bldg. 01	NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on record review and interview, the facility failed to provide 1 of 1 written emergency fire safety plan that incorporated all items listed in NFPA 101, Section 19.7.2.2. 1. Use of alarms. 2. Transmission of alarms to fire department. 3. Emergency phone call to fire department 4. Response to alarms. 5. Isolation of fire. 6. Evacuation of immediate area. 7. Evacuation of smoke compartment. 8. Preparation of floors and building for evacuation. 9. Extinguishment of fire. This deficient practice affects all residents, staff and visitors in the event of an emergency.	K 0711	The emergency fire safety plan will be amended by the security team leader by 4/28/17 per NFPA 101 guidelines to include instructions for the evacuation of an immediate area and/or the evacuation of a smoke compartment. Additionally, the emergency fire safety plan will be reviewed by the security team leader by 4/28/17. All security staff will be inserviced on this emergency fire safety plan by 5/5/17. The emergency fire safety plan will be reviewed by the security team leader or his designee upon the completion of each monthly fire drill. Findings of the review will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the findings. The QAPI committee	05/05/2017

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	Findings include: Based on review of the facilities "Disaster Manual" documentation with the Plant Operations Director during record review at 11:00 a.m. on 04/05/17, the written fire safety plan did not address evacuation of the immediate area or evacuation of a smoke compartment. Based on interview at the time of record review, the Plant Operations Director acknowledged the aforementioned missing item in the facilities written fire safety plan. 3.1-19(b)		will meet quarterly.	
K 0918 SS=F Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and			

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	automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)			
	Based on record review and interview, the facility failed to ensure he facility failed to ensure 1 of 1 emergency generators was allowed a 5 minute cool down period after a load test and document the transfer time to the alternate power source was capable of supplying service within 10 seconds. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110, 6.2.10 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shut down. This delay	K 0918	The plant operations director created a check system on 4/7/17 to log the cool down period on the generator after it had completed its monthly load test per NFPA 101 guidelines. The generator was inspected on 4/7/17 to ensure that it did properly cool down after it completed the monthly load test per NFPA guidelines. All maintenance staff will be inserviced on this generator cool down guidelines by 5/5/17. Monthly inspections will be completed by the plant operations director or his designee to review the aforementioned area. Findings of the inspections will be reported to the Quality Assurance Performance Improvement (QAPI) committee and a performance plan will be established based on the	05/05/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155177	A. BUILDING 01 B. WING	04/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on record review with the Plant Operations Director on 04/05/17 at 10:17 a.m., the generator log form documented the generator was tested monthly for at least 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test. Based on interview at the time of record review, the Plant Operations Director acknowledged the aforementioned condition. 3.1-19(b)		findings. The QAPI committee will meet quarterly.	