

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/06/2012
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NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819
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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: 12/06/12</p> <p>Facility Number: 000250 Provider Number: 155359 AIM Number: 100289980</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Riverbend Health Care 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 was determined to be of Type V (111) construction and was fully</p>	K0000	<p>This Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal law. Date of Compliance 12/23/12</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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 66 and had a census of 49 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facilities services were sprinklered, except a detached wood shed used for storage of maintenance supplies.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure load testing for the past 12 of 12 months indicated a load test was conducted under operating temperature conditions, minimum exhaust gas temperatures or not less than 30 percent of the nameplate rating for the diesel powered emergency generator set. Chapter 3-4.4.1.1 of 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 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating temperature conditions, maintains the minimum exhaust gas temperatures or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a</p>	K0144	<p>K 144 Generator Load Testing1. All generator log test have been reviewed for the year of 2012 and temperatures have been documented. Enclosed documents exhibit "B". 2. All generator log test have been reviewed for the year of 2012 and temperatures have been documented. Enclosed documents exhibit "B".The annual bank load test will be completed on January 2013 and annually there after with contractor W.W.Williams.3. Maintenance Director was re-educated on generator load testing and requirements per State and Federal regulations 12/19/12.4. Audits on the genator and load testings will be completed monthly time 6 months by Maintenance Director or designee for 100% compliance. Audits will be reviewed by Risk Management Quality Improvement monthly for review and recommendations</p>	12/23/2012

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	<p>written record of inspection, performance, exercising period and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all resident in the facility.</p> <p>Findings include:</p> <p>Based on review of the "Emergency Power Generator" log with the Maintenance Director on 12/06/12 at 12:50 p.m., the generator test log showed a monthly load test for the past twelve months but the log did not indicate if the generator was exercised under operating conditions, maintained the minimum exhaust gas temperatures or operated at not less than thirty percent of the EPS nameplate rating at least monthly, for a minimum of thirty minutes. The Maintenance Director confirmed he was unable to verify the generator was exercised under operating conditions, maintained the minimum exhaust gas temperatures or operated at not less than thirty percent of the EPS</p>						

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	nameplate rating. 3.1-19(b)			

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K0147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure the restroom ground fault circuit interrupter (GFCI) receptacles in 2 of 41 resident rooms operated properly to protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subjected to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect 3 of 49 residents.</p> <p>Findings include:</p> <p>Based on an observation with the</p>	K0147	<p>K 0147 Ground Fault Circuit1. The two GFI have been replaced in the restrooms.2. An audit was completed through out the facility to ensure GFI's are working and located in a water source area. Audit log attached form "A".3. Maintenace Director was re-educated on GFI's 12/19/12.4. Audits on the GFI's will be completed monthly time 6 months by Maintenace Director or designee for 100% compliance. Audits will be reviewed by Risk Management Quality Improvement monthly for review and recommendations</p>	12/23/2012

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	<p>Maintenance Director on 12/06/12 from 1:15 p.m. to 1:45 p.m., there was a GFCI electrical receptacle on the wall within two feet of the sink in the restroom of resident rooms 120 and 131. When tested with the test button on the receptacle, power was not interrupted. The Maintenance Director acknowledged the GFCI test button did not interrupt power at the receptacles in the restrooms of resident rooms 120 and 131.</p> <p>3.1-19(b)</p>			
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