

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2014
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906
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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: 04/29/14</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Medical Surveyor, Life Safety Code Specialist</p> <p>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 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The Courtyard was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>Westminster Village-West Lafayette Consists of the Courtyard, Pavilion and Terrace in a one story building determined to be of Type III (211) construction. The facility was fully</p>	K010000		

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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K040000	<p>sprinklered, has a fire alarm system with hard wired smoke detection in the corridors, in resident rooms and in spaces open to the corridors. The facility has a capacity of 72 residents and had a census of 61 residents.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility has elected to utilize a Categorical Waiver pertaining to the cafe kitchen open to the corridor.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/08/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A Life Safety Code Recertification and</p>	K040000		

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	<p>State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a)..</p> <p>Survey Date: 04/29/14</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>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 2000 edition of the National Fire Protection Association (NFPA) 101 and 410 IAC 16.2. The Terrace and Pavilion were surveyed with Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>The Terrace and Pavilion were located in the one story building determined to be of Type III (211) construction. The facility was fully sprinklered, has a fire alarm system with hard wired smoke detection in the corridors, in resident rooms and in spaces open to the corridors. The facility has a capacity of 72 residents and had a</p>			

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K040064 SS=E	<p>census of 61 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility has elected to utilize a Categorical Waiver pertaining to the cafe kitchen open to the corridor.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 Based on observation and interview, the facility failed to maintain 2 of 2 portable fire extinguishers in the cafe kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for</p>	K040064	K0064 The assistant maintenance director contacted the fire protection contractor at 3:00pm on 04/29/2014 to request that the contractor install new placards near the two K class fire extinguishers located in the café kitchen area. On 04/30/2014, the fire protection contractor installed the proper placards near the two K class fire extinguishers located in the café kitchen area. On 04/30/2014, all other fire	04/30/2014			

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	<p>Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect visitors, staff and 10 or more residents in areas adjacent to the cafe kitchen.</p> <p>Findings include:</p> <p>Based on observation on 04/29/14 at 12:50 p.m. with the administrator and maintenance director, a placard was not posted near the two K-class fire extinguishers provided to protect the cafe kitchen. The administrator acknowledged at the time of observation, there were no placards.</p> <p>3.1-19(b)</p>		<p>extinguishers in the health center were inspected by the maintenance staff to ensure the proper placard was posted near each extinguisher. The fire protection contractor will ensure fire extinguishers placed in the health center will have proper placarding in accordance with NFPA 10, 2-3.2. The maintenance director or his designee will inspect the fire extinguishers monthly to ensure the fire extinguishers will have proper placarding in accordance with NFPA 10, 2-3.2. 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 monthly.</p>		

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