

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155632	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER LODGE OF THE WABASH	STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD VINCENNES, IN 47591
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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: 04/19/16</p> <p>Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070</p> <p>At this Life Safety Code survey, Lodge of the Wabash 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, areas open to the corridors, and all resident sleeping rooms. The facility has a capacity of 117 and had a census of 61 at the time of this survey.</p>	K 0000		

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 0018 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a garage used as a maintenance shop and for facility storage.</p> <p>Quality Review completed on 04/22/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 64 resident room corridor doors would close and latched into the door frame. This deficient practice could affect up to 15</p>	K 0018	Room 217 door would not close and latch into the doorframe. Damage had been done to the door knob and latching area. 217 is out of commission. A replacement door was ordered	05/19/2016

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K 0029 SS=E Bldg. 01	<p>residents, as well as staff and visitors in the 200 hall.</p> <p>Findings includes:</p> <p>Based on observation on 04/19/16 at 1:00 p.m. during a tour of the facility with the Maintenance Director, resident room 217 door would not close and latch into the door frame. The door was damaged at the door knob and latching area. The Maintenance Director said the door had been kicked by someone and that a new door has been ordered to replace the damaged one.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 10 hazardous area doors, such as the oxygen room door, latched into its door frame. Doors to hazardous areas are required to</p>	K 0029	<p>4-27-16. Door has been taped off for safety of residents until the newreplacement door arrives. Maintenance to monitor all doors on a daily basisduring PM rounds to ensure that they are shutting and latching properly and aresafely functioning. All problems will bereported to QAPI on an ongoing basis.</p> <p>The oxygen storage/transfer room door would not latchinto its door frame when closed fully. The striker plate was missing from thedoor frame. Striker has been replaced on the</p>	05/19/2016			

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K 0038 SS=F Bldg. 01	<p>automatically latch in the door frame when closed to keep the door tightly closed. This deficient practice could affect over 10 residents, as well as staff and visitors while around the center Nurses' Station.</p> <p>Findings include:</p> <p>Based on observation on 04/18/16 at 12:25 p.m. during a tour of the facility with the Maintenance Director, the oxygen storage/transfer room door would not latch into its door frame when closed fully. The striker plate was missing from the door frame. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 4 of 5 locked emergency exit doors were readily accessible for residents and visitors. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p>	K 0038	<p>oxygen door. Maintenance to check door on a daily basis during PM rounds to ensure striker plate is there and door is latching properly. All problems will be reported to QAPI on an ongoing basis.</p> <p>The code to unlock the magnetic locks on the exit doors was not posted by the keypad/door. Code was posted at every door to ensure that residents/employees/family members could utilize if necessary. Ensuring that code stays posted up at all exit doors by maintenance during PM rounds</p>	05/19/2016			

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K 0062 SS=F Bldg. 01	<p>Based on observations on 04/19/16 between 12:00 p.m. and 1:30 p.m. during a tour of the facility with the Maintenance Director, all five exit doors were provided with magnetic locks which required a four digit code on the adjacent keypad or activation of the fire alarm system to release. The code to unlock these magnetic locks was not posted near all exit doors except the front entrance door. This was acknowledged by the Maintenance Director at the time of observations.</p> <p>3.1-19(b)</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</p> <p>1. Based on observation and interview, the facility failed to ensure 7 of over 500 sprinkler heads in the facility were free of paint and corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice</p>	K 0062	<p>daily and that code is working properly. All problems will be reported to QAPI on an ongoing basis.</p> <p>1 of 2 sprinkler heads in the physical therapy room was partially covered with white paint. 6 out of 10 sprinkler heads in the kitchen were covered with corrosion. The spare sprinkler head cabinet in the sprinkler riser room was missing spare, quick response pendant type heads with red glass bulbs. The sprinkler head in the therapy room has been replaced. The sprinkler heads in the kitchen have been replaced as well.</p>	05/19/2016

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	<p>could affect mostly staff while in the kitchen and residents, staff and visitors while in the Physical Therapy room.</p> <p>Findings include:</p> <p>Based on observations on 04/18/16 between 12:00 p.m. and 1:30 p.m. during a tour of the facility with Maintenance Director, the following was noted:</p> <p>a. 1 of 2 sprinkler heads in the Physical Therapy room was partially covered with white paint.</p> <p>b. 6 of 10 sprinkler heads in the kitchen were covered with corrosion.</p> <p>This was acknowledged by Maintenance Director at the time of observations.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler head storage cabinet was provided with at least two of each type of sprinkler heads used in the facility. NFPA 25, 2-4.1.4 requires a minimum of two sprinklers of each type and temperature rating installed shall be stored in a cabinet on the premises for replacement purposes. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p>		<p>Spare,quick response pendent type heads with red glass bulbs have been placed in the spare sprinkler head cabinet in the sprinkler riser room.</p> <p>Check all sprinkler heads on a daily basis by maintenance during PM rounds to ensure there is no paint and/or corrosion on sprinkler heads. Maintenance also to check spare sprinkler cabinet in sprinkler riser room on a weekly basis ongoing.</p> <p>All problems will be reported to QAPI on an ongoing basis.</p>	

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K 0144 SS=F Bldg. 01	<p>Based on observation on 04/19/16 at 12:35 p.m. during a tour of the facility with the Maintenance Director, the spare sprinkler head cabinet in the sprinkler riser room had over six spare sprinkler heads, however, there were no spare quick response pendent type heads with red glass bulbs. Quick response pendent type sprinkler heads with red glass bulbs were observed in the kitchen during the tour of the facility with the Maintenance Director between 12:00 p.m. and 1:30 p.m. This was acknowledged by the Maintenance Director at the time of observation, furthermore, the Maintenance Director said there were no other spare sprinkler heads in the facility.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>1. Based on record review and interview, the facility failed to provide documentation the generator was load tested during 2 of the past 12 months to meet the requirements of NFPA 110, the</p>	K 0144	Facility failed to provide documentation for the generator load test during 2 of the past 12 months. Also, there was no written record of weekly inspections of the starting	05/19/2016	

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	<p>Standard for Emergency and Standby Powers Systems, chapter 6-4.2. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. 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. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the monthly load test portion of the weekly generator testing documentation on 04/19/16 at 11:00 a.m. with the Maintenance Director</p>		<p>batteries for 1 of 1 emergencygenerators for 18 out of 52 weeks. No weekly generator documentation to showvisual inspections of the generator oil, water, fuel, hoses, belts, battery,etc. during 18 of the past 52 weeks. Facility failed to ensure that 1 of 1emergency generators was allowed a 5 minute cool down period after a load test. All documentation for generator load tests, weeklyinspections of generator and generator cool down periods are currently beingdocumented by maintenance director and will continue to be ongoing as it iscalled for (weekly and/or monthly). Documentation to be kept up by maintenance directormonthly for the load tests, weekly for emergency generator inspection andmonthly for generator cool down period ongoing to ensure that these are beingdone correctly and documented appropriately. All problems will be reported toQAPI on an ongoing basis.</p>				

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	<p>present, there was no documentation available a load test was performed during January and February of 2016. This was confirmed by the Maintenance Director at the time of record review.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections of the starting batteries for 1 of 1 emergency generators was available for 18 of 52 weeks. NFPA 99, 3-4.4.1.3 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly. NFPA 99, 3-4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient</p>			

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	<p>practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's emergency generator weekly test log on 04/19/16 at 11:00 a.m. with the Maintenance Director present, there was no weekly generator documentation to show visual inspections of the generators oil, water, fuel, hoses, belts, battery, etc. and exercise during 18 of the past 52 weeks. Based on interview at the time of record review, the Maintenance Director confirmed there was no documentation to show visual inspections of the generators oil, water, fuel, hoses, belts, battery, blocker heater, and exercise during 18 of the past 52 weeks.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was allowed a 5 minute cool down period after a load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on</p>			

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	<p>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 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.</p> <p>Findings include:</p> <p>Based on review of the facility's emergency generator monthly load test log on 04/19/16 at 11:00 a.m. with the Maintenance Director present, the generator log form documented the generator was tested monthly for 30 plus minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test. During an interview at the time of record review, the Maintenance Director confirmed the monthly generator log did not include documentation of a cool down time being recorded.</p> <p>3.1-19(b)</p>			