

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155696	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2013
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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 COLLEGE AVE VINCENNES, IN 47591
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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: 02/20/13</p> <p>Facility Number: 003237 Provider Number: 155696 AIM Number: 200374360</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bridgepointe Health Campus was found in substantial 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 sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and in all resident sleeping</p>	K010000		
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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>rooms. The facility has a capacity of 67 and had a census of 62 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a small detached plastic shed used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/21/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010050 SS=C	<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>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 3 of 3 employee shifts during 4 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 Trilogy Plant Operations Manual on 02/20/13 at 9:45 a.m. with the Maintenance Supervisor present, ten of twelve fire drills performed on all three shifts since February of 2012 were performed during the last five days of each month (26th, 27th, 28, 29th, and 30th). Furthermore, three of four first shift (day) fire drills were performed between 1:05 p.m. and 1:25 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the days of each month and</p>	K010050	<p>K 0050There were no residents affected by the alleged deficient practice. Through the corrective action of pre selected fire drill times will prevent recurrence and ensure fire drills are held at varied times. Completion date 3-15-13 Director of Plant Operations has been inserviced on this regulation and its content related to varied time of monthly fire drills. Completion date 3-15-13 Systemic change is that a yearly schedule has been put in place of pre-selected fire drill times including varied times in which they are held. The Director of Plant Operations and the Executive Director are the only employees that have previewed this calendar and will retain a copy to ensure it's execution. Completion date 3-15-13 DPO/ED will both sign off on the calendar and audit sheet to ensure the calendar has been followed by date and time of each fire drill to ensure compliance. Results of this audit</p>	03/15/2013

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	the times the first shift fire drills were performed. 3-1.19(b)		well be forwarded to QA committe monthly x12 months.		