

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155725	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2011
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PLACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 LINDBERG RD WEST LAFAYETTE, IN47906
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/24/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/22/11</p> <p>Facility Number: 003673 Provider Number: 155725 AIM Number: 200450890</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, University Place Inc. 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 located</p>	K0000		

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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K0144 SS=F	<p>on one wing of a two story building and was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, living areas and spaces open to the corridors. The facility has the capacity for 30 and had a census of 27 at the time of this survey.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 09/26/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>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 observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities,</p>	K0144	K 144University Place will ensure that the emergency generator will have an alarm annunciator in a location readily observed by operating personnel at a regular work station in our healthcare center.On 10/18/2011, Ralph Miller, Director of Plant Operations met with Huston Electric in order to move the existing alarm annunciator panel to the nursing station located in	10/20/2011

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	<p>3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall</p>		<p>our healthcare center. On 10/19/2011, Huston Electric moved the existing annunciator back box, extended the alarm wires from the existing panel location to the new box location at the nursing station located in the healthcare center and connected all control wires and performed testing. All systematic changes will be implemented by October 20th, 2011.</p>		

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	<p>be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all the residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 09/22/11 at 1:30 p.m., an ancillary remote alarm annunciator for the emergency generator was provided in the maintenance office. The maintenance director said at the time of observation, the office was not continuously occupied and the adjacent areas were attended only during business hours. He said the annunciator alarm would not be heard at the nurses station in the adjacent smoke compartment. The Maintenance director could not provide a quote for the relocation of the annunciator panel. He said the work had not been done and he had no</p>			

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	<p>scheduled installation date, he could not locate any documentation. He called the contractor who then sent an email at 2:42 p.m. with a copy of an 05/18/11 quote and message "the box will take 3-5 working days for delivery and we can schedule to move the ann. panel immediately upon receiving it". Another email at 2:50 p.m. from the contractor said, "If you order today we can order the panel and install the (panel) October 5th." The maintenance director agreed at the time he had made no firm agreement with the contractor for installation.</p> <p>This deficiency was cited on 08/24/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				