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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155221 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 11/24/2014 |
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| NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 1120 E DAVIS DR TERRE HAUTE, IN 47802 |
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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: 11/24/14</p> <p>Facility Number: 000126 Provider Number: 155221 AIM Number: 100266400</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village Gardens Health Center 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 two story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Battery powered smoke</p> | K010000 | <p>K 000 Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Westminster Village Health & Rehab of the truth of the facts alleged in this statement of deficiency and plan of correction is submitted exclusively to comply with state and federal law.</p> <p>Westminster Village Health & Rehab reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis of the stated deficiency. This plan of correction serves as the allegation of compliance. This statement of deficiencies will be taken to Westminster Village Health & Rehab's Quality Assurance Performance Improvement Committee.</p> | |

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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| K010054 SS=C | <p>detectors were provided in all resident rooms. The facility has the capacity for 78 and had a census of 56 at the time of this survey.</p> <p>All areas with resident access were and areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/03/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 Based on record review and interview, the facility failed to ensure smoke detectors had been sensitivity tested as required for the protection of 56 of 56 residents. LSC Section 9.6.1.3 says the provisions of 9.6 cover the basic functions of the fire alarm system, including fire detection systems. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, at 7-3.2.1 states, "Detector sensitivity shall be checked within one year after installation and</p> | K010054 | <p>K 054 – Life Safety Code Standard</p> <p>What corrective action(s) will be accomplished for those residents to have been found affected by the deficient practice?No residents suffered adverse effects as a result of this practice. We had Simplexgrinnell fax the complete sensitivity test results from the 12/13/13 inspection. Westminster Village Health & Rehab passed the sensitivity test.</p> | 12/09/2014 |

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| | <p>every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate that the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p> <p>To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range. (5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction. <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> | | <p>How will you identify other residents having the potential to be affected by the same deficient practice and what correction actions will be taken?All residents have the potential to be affected by the alleged deficient practice. We have switched contracting companies from Simplexgrinnell to Hydro who will then contract with Lyons Fire and Safety to perform the test. Lyons Fire and Safety performed a complete sensitivity test on 12/01/2014. Westminster Village Health & Rehab passed the sensitivity test.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?Westminster Village Health & Rehab has switched contractors from Simplexgrinnell to Hydro, who will then contract with Lyons Fire and Safety to conduct our sensitivity test every two years. We are putting this on a preventative maintenance schedule to be checked every two years.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur?The Maintenance Director or designee will check that Lyons Fire and Safety has completed their inspection every 2 years by having a preventative maintenance schedule</p> | | |

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| | <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector." This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on interview with the maintenance supervisor on 11/24/14 at 1:10 p.m., a sensitivity test was conducted by a new inspection and testing contractor during the annual fire alarm inspection conducted on 07/02/14. A review of the report did not identify a sensitivity test had been conducted and there were no results of such test. Based on a review of fire alarm system maintenance, testing and inspection reports with the maintenance supervisor on 11/24/14 at 1:25 p.m., a sensitivity test was noted to have been done on 12/05/12. The report was incomplete. The record noted the range of sensitivity within which each smoke detector should alarm, a list of the detectors, and the notation each had been "cleaned/passed." No alarm point was documented for review. The maintenance supervisor said at the time of record review, all sensitivity test results had been provided. He was unaware the test results were incomplete. He immediately called the inspection contractor for the 07/02/14 inspection</p> | | <p>created for Lyons Fire and Safety to come to the facility and inspect.</p> | | |

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| | and confirmed a sensitivity test had not been done on that date. He said he could not provide the alarm points for the 12/05/12 test but he had scheduled a complete sensitivity test for 12/01/14. 3.1-19(b) | | | | |