

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155606	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 04/24/2013
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NAME OF PROVIDER OR SUPPLIER WESTSIDE RETIREMENT VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 8616 W 10TH ST INDIANAPOLIS, IN 46234
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K030000	<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: 04/24/13</p> <p>Facility Number: 000497 Provider Number: 155606 AIM Number: 100291530</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westside Retirement Village 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>A one story building addition of Type II (000) construction was approved on 08/24/2007 and the major renovation of the original one story building of Type II (222) construction was approved 05/28/2008.</p>	K030000		
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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>This one story facility was determined to be of Type II (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in resident rooms. The facility has a capacity of 132 and had a census of 87 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility services, a garage for storage, which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/13/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K030046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency battery backup lights was tested monthly for 30 seconds or annually for 90 minutes duration to ensure lighting during periods of power outages to protect all residents. LSC 19.2.9.1 requires emergency lighting shall be provided in accordance with Section 7.9. Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 04/24/13 at 2:30 p.m. with the Maintenance Supervisor, the battery operated emergency light was</p>	K030046	<p>K- 046- Emergency Lighting/ Generator</p> <p>1. Corrective Actions: All residents, staff and visitors are affected by the deficient practice of ensuring that 1 of 1 emergency battery backup lights was tested monthly for 30 seconds or annually for 90 minutes duration to ensure lighting during periods of power outages to protect all residents.</p> <p>2. Other residents having the potential to be affected by the deficient practice: All residents, staff and visitors are affected by the deficient practice of ensuring 1 of 1 emergency battery backup lights was tested monthly for 30 seconds or annually for 90 minutes duration to ensure lighting during periods of power outages to protect all residents.</p>	05/22/2013	

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	<p>working. Based on review of the Battery Operated Emergency light check list on 04/24/13 at 3:45 p.m. with the Maintenance Supervisor, it was not documented the emergency battery backup light was tested monthly for thirty seconds or annually for ninety minutes. Based on interview concurrent with record review, it was acknowledged by the Maintenance Supervisor the emergency battery backup light was tested, but there was no documentation for the thirty second monthly and ninety minute annual tests.</p> <p>3.1-19(b)</p>		<p>3. Measures/Systematic changes: Maintenance Director will test the emergency battery back up lighting for 30 seconds during monthly generator load tests. Results of inspection/ test will be reviewed at monthly safety committee meeting for three consecutive months then quarterly thereafter.</p> <p>4. Corrective actions monitoring: Maintenance Director and Executive Director will review the results of the audits at monthly PI meeting for three consecutive months then quarterly thereafter.</p> <p>5. Date completed: May 22, 2013</p>		