

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155328	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/16/2013
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NAME OF PROVIDER OR SUPPLIER  WESTPARK REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712
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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>This Survey was conducted in conjunction with Complaint # IN00141129.</p> <p>Survey Date: 12/16/13</p> <p>Facility Number: 000221 Provider Number: 155328 AIM Number: 100267620</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westpark Rehabilitation Center 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</p>	K010000	<p>The Preparation or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law. We respectfully request this Plan of Correction serve as our allegation of compliance.</p>	
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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>alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 115 and had a census of 79 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/19/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010130 SS=F	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, interview and observation; the facility failed to ensure the proper maintenance of 71 of 71 battery operated smoke detectors in resident rooms to ensure the smoke detectors are continually operable. NFPA 101 in 4.6.12.2 states existing life safety features obvious to the public, if not required by the Code, shall be maintained or removed. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the Battery Operated Smoke Detector testing log on 12/16/13 at 11:40 a.m. with the Maintenance Supervisor present, the battery operated smoke detectors located in all resident sleeping rooms have not been replaced since 09/24/12 for the E and F halls, and 10/15/12 for the A, B, C and D halls. Based on interview at the time of record review, the Maintenance Supervisor said the batteries in the smoke detectors were required to be replaced every twelve months according to manufactures specifications. Based on observations on 12/16/13 between 12:00 p.m. and 1:45 p.m. during a tour of the facility with the</p>	K010130	<p>The batteries in the battery operated smoke detectors located in identified area have been changed. Batteries in the battery operated smoke detectors in the facility have changed according manufactures specifications. The maintenance director was re-educated on changing batteries in the smoke detectors according to the manufactures specifications. The battery operated smoke detectors in the facility have inspected and the batteries have been changed as indicated to ensure manufactures specifications are followed. Maintenance logs will be reviewed by the Administrator/designee monthly to ensure the batteries are changed in the battery operated smoke detectors according to manufactures specifications. Results of the review will be forwarded to the QA Committee monthly for further review and recommendations.</p>	12/31/2013			

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	<p>Maintenance Supervisor, battery operated smoke detectors were observed in all resident sleeping rooms.</p> <p>3.1-19(b)</p>			

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K010144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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 record review and interview, the facility failed to provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising periods and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. 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</p>	K010144	The generator was tested under a load of not less then 30% of the Name Plate Rating and documented in the Generator log. The generator is tested monthly under a load of not less then 30% of the Name Plate Rating and documented in the Generator log. The maintenance director was re-educated on testing the generator under a load of not less then 30% of the Name Plate Rating and documented in the Generator log. The Generator log will be reviewed by the Administrator/designee monthly to ensure the generator is tested under a load of not less then 30% of the Name Plate Rating and documented in the Generator log. Results of the review will be forwarded to the QA Committee monthly for further review and recommendations.	12/31/2013

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	<p>Generator log on 12/16/13 at 10:20 a.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the Emergency Power Supply (EPS) nameplate rating for a minimum of 30 minutes during the past twelve months. The generator log form was provided with the question; "30% Name Plate Rating", however, "NA" was documented during each monthly load test. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>			