

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155093	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/18/2012
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NAME OF PROVIDER OR SUPPLIER GIBSON GENERAL HOSPITAL-SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 SHERMAN DR PRINCETON, IN47670
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K0000	<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: 01/18/12</p> <p>Facility Number: 000036 Provider Number: 155093 AIM Number: 100269640</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Gibson General Hospital-SNF 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 facility located on the fifth floor of a five story building which was determined to be of Type I</p>	K0000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by this facility that the allegations in this survey report are accurate or reflect accurately the provision of life safety to the residents of Gibson General Hospital SNF.</p> <p>This facility requests that the following plan of correction be considered its allegation of compliance.</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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K0046 SS=C	<p>(443) construction with a basement was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident rooms. The facility has a capacity of 45 and had a census of 34 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/19/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on interview and observation, the facility failed to ensure 1 of 1 battery powered light sets was tested monthly for 30 seconds and annually for 90 minutes. LSC 101, 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</p>	K0046	K0461. The process of testing of the battery powered light set located at the emergency generator was reviewed as this process affects the entire unit.2. All residents, as well as staff and visitors, could be affected by this process. The process was reviewed and the director of facility services or his designee will perform the required testing of the battery powered light set at emergency generator B as	01/24/2012	

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	<p>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. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on interview on 01/18/12 at 10:15 a.m., the Maintenance Supervisor indicated the battery powered light set located at the generator was tested weekly, however, it was not documented. Furthermore, the Maintenance Supervisor indicated the battery powered light set was not tested annually for ninety minutes. Based on an observation on</p>		<p>indicated.3. The director of facility services or his designate will perform the required testing of the battery powered light set provided at emergency generator "B". The light set will be tested once each month for the duration of not less than 30 seconds. The light set will be tested annually for the duration of not less than 1 1/2 hours.4. The testing chart for the emergency generator will be modified to include monthly / annual testing of the adjacent battery powered light set. Testing of the Battery Powered light set was conducted with the surveyor on the day of survey and will be conducted during the generator test each month. Documentation of this testing has been added to the "Generator Test Form" and will be noted on there each month. Compliance will be reviewed with staff at their departmental monthly PI meeting and at the hospital quarterly PI meeting.</p>		

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K0130 SS=C	<p>01/18/12 at 11:30 a.m. during a tour of the facility with the Maintenance Supervisor and Director of Plant Operations, the battery back up light set at the generator did light up when tested.</p> <p>3-1.19(b)</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on record review, observation and interview; the facility failed to document the maintenance of 27 of 27 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 either 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 observation on 01/18/12 during the tour of the</p>	K0130	<p>K0130</p> <ol style="list-style-type: none"> <li>The process of testing of the battery powered smoke detectors in individual resident rooms was reviewed as this process could affect the entire unit, including all residents, staff and visitors.</li> <li>All residents, staff and visitors could be affected by this process. The process was reviewed and the director of facility services or his designee will perform the required testing of the battery powered smoke alarms on a monthly basis.</li> <li>The director of facility services or his designee will perform the required test of each battery operated smoke detector. Each battery operated smoke detector will be tested at an interval of not less than 30 days.</li> <li>Facility services will maintain a testing chart which includes each battery operated smoke detector.</li> </ol>	01/25/2012

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K0144 SS=F	<p>facility with the Director of Plant Operations from 9:00 a.m. to 10:00 a.m., battery operated smoke detectors were observed in all resident rooms. Based on interview with the Maintenance Supervisor and the Director of Plant Operations during record review on 01/18/12 at 10:45 a.m., the facility utilizes battery operated smoke detectors in all 27 resident rooms. Furthermore, the Maintenance Supervisor indicated the batteries in the battery operated smoke detectors in all resident rooms were changed at least twice a year, however, he indicated there was no written documentation to show dates and resident room numbers of the batteries that have been changed.</p> <p>3.1-19(b)</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, record review, and interview; the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3</p>	K0144	<p>The chart will include space to record each test and whether it Passed or Failed the test. If it fails the test, the battery will be changed. The battery operated smoke detector will then be retested to confirm its proper operation. Testing of the battery operated smoke detectors will be completed during the first week of each month. Smoke detector batteries will be changed annually, at a minimum, and documented on the monthly record. The test chart documentation will be maintained in the office of Facility Services. The initial testing has been completed and documented. Compliance with monthly testing will be reviewed with staff at the department's monthly PI meeting for facility services and at the hospital quarterly PI meetings.</p> <p><u>K144</u></p> <p>1. The absence of a remote shut off switch on the emergency generator was reviewed as this affects the entire unit and all residents.</p>	02/13/2012			

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	<p>requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations on 01/18/12 between 9:00 a.m. and 10:00 a.m. during a tour of a portion of the facility with the Director of Plant Operations, and</p>		<p>2. All residents could be affected by the absence of this remote shutoff switch. This was reviewed and the director of facility services or his designee will coordinate the installation of a remote shut off switch on the emergency power generator.</p> <p>3. The director of facility service or his designee will coordinate the installation of a remote shut off switch on generator "B". The generator service company has been notified of the deficiency and has been directed to order the necessary equipment to install the remote shut off switch. It is estimated that the switch will be installed no later than February 13, 2012.</p> <p>4. After installation of the remote switch, the maintenance staff will be trained on its location and when and how it is to be used. The installing contractor will perform the annual testing of the switch and document the annual testing of the switch on the report they submit to the facilities director. The installing contractor will train the facility staff upon completion of the installation. The facilities director will review records of the switch testing which will be included in the annual PI report which will be presented during the hospital PI report.</p>		

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	<p>again between 11:30 a.m. and 12:15 p.m. with the Director of Plant Operations and the Maintenance Supervisor during a tour of the remainder of the facility, a remote shut off device for the generator was not found. Based on observation of the generator information tag at 11:45 a.m., the generator was powered with over 100 horsepower. Based on interview at 11:45 a.m., the Director of Plant Operations and the Maintenance Supervisor acknowledged the generator was over 100 horsepower and further stated there was no remote shut off device for the generator.</p> <p>3.1-19(b)</p>				