PRINTED: 08/31/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155621		A. BU	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR A. BUILDING 01 COMPLETE B. WING 08/15/20°			ETED	
NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER		<u> </u>	3400 S	ADDRESS, CITY, STATE, ZIP CODE TOCKER DR VILLE, IN 47720			
(X4) ID PREFIX TAG K 0000	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
Bldg. 01	State Licensure the Indiana State accordance with Survey Date: 08 Facility Number Provider Number AIM Number: At this Life Safe Haven Health at was found not in Requirements for Medicare/Medic 483.70(a), Life 2000 edition of Protection Asson Safety Code (LS The original two Stocker Addition Chapter 19, Exist Occupancies. This building continuous two story, fully determined to be construction, and	r: 000442 er: 155621	K 0	000	By submitting the Plan Correction, the facility not admitting to the tru or accuracy of the cited deficiencies or allegations. The facility reserves the right to contest the findings or allegations as part of a proceedings and submithese responses pursuant to our regulatory obligations. The facility requests the Plan of Correction be consider our allegation of compliance, effective or before August 29th, 2016, to the cited deficiencies of the Life Safety Code Recertification and Staticensure Survey with exit date of August 15t 2016.	is th d y iny iit red on	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

000442

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	of Correction identification number: 155621	A. BUILDING B. WING	01	COMPLETED 08/15/2016
	PROVIDER OR SUPPLIER VEN HEALTH AND REHABILITATION CENTER	3400 S	ADDRESS, CITY, STATE, ZIP CODE TOCKER DR VILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	building determined to be of Type V (111) construction. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms in the Stocker Addition I, plus battery operated smoke detectors in all resident sleeping rooms in the original two story section. The facility has a capacity of 113 and had a census of 65 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except, two detached buildings used for facility storage. Quality Review completed on 08/18/16 - DA			
K 0029 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 1. Based on observation and interview, the facility failed to ensure 1 of over 20	K 0029	Regarding the combustible material (which consisted of paper products for the dietary	08/16/2016

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F4WL21 Facility ID: 000442

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	JILDING	01	COMPL	ETED
		155621	B. W	ING		08/15/	2016
				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	8			TOCKER DR		
PINE HA	VEN HEALTH AND	REHABILITATION CENTER			VILLE, IN 47720		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	hazardous area r	oom doors, such as a			department) observed in Roon		
	room over 50 sq	uare feet containing			#115,all combustible material l been removed from said room		
	combustible mat	erial, was equipped with			and placed in a different storage		
	a self-closing de	vice on the door. This			room with a self-closing device		
	_	e could affect mostly			the door. Regarding the North		
	•	e Harmony Unit north			Unit shower room in which soil		
		ncludes the kitchen.			linen barrels and one trash bar		
	COLLIGOI WIIICII II	nerudes the kitchen.			were observed, on 8/16/2016,		
	Fig. 41				self-closing device was installed on that bathroom door to ensu		
	Findings include	> :			compliance. Following the surv		
					exit conference, the Maintenar		
		ation on 08/15/16 at			Director and Housekeeping		
	11:46 a.m. durin	g a tour of the facility			Supervisor toured the facility to		
	with the Mainter	nance Director, the			ensure all other areas of poter	ıtial	
	corridor door to	room 115 was not			concern were in compliance.	haa	
	provided with a	self-closing device.			Additionally, another line item been added to the weekly	ila5	
	Room 115 was b	being used as a storage			Preventative Maintenance (PM	1)	
	room and was fu	ill of cardboard boxes			schedule that reminds the	,	
	and wheel chairs	s. This room was over			Maintenance Director to identi	fy	
		This was acknowledged			and immediately correct any		
		nce Director at the time			potential future issues related the inappropriate storage of	to	
	of observation.	nee Breetor at the time			combustible materials. Each		
	or observation.				month the Maintenance Direct	or	
	2.1.10(1-)				will submit copies of these PM		
	3.1-19(b)				schedules to the Administrator	for	
					her review, as a means of	ı¢	
		ervation and interview,			ensuring ongoing compliance.		
		d to ensure 1 of 4			concerns continue to be noted following this review, additional		
	bathroom/showe				in-servicing and/or counseling		
	contained soiled	linen containers with a			with appropriate staff will take		
	capacity over 32	gallons, was equipped			place as necessary.		
	with a self-closing	ng device on the corridor					
	door. This defic	ient practice could affect					
		l as staff while in the 200					
	hall north showe						
	in in inciting the we						
			- 1				

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		CICATION NUMBER:	A. BUILDING B. WING	<u>01</u>	COMPLETED 08/15/2016
	ROVIDER OR SUPPLIER VEN HEALTH AND REHAI	BILITATION CENTER	3400 ST	ADDRESS, CITY, STATE, ZIP CODE FOCKER DR VILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMEI (EACH DEFICIENCY MUST REGULATORY OR LSC IDE	T BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
K 0050 SS=C Bldg. 01	Based on observation of 12:30 p.m. during a tout with the Maintenance I hall north shower room linen barrels and one trace over 32 gallons stored to the corridor was not self-closing device. The acknowledged by the Macknowledged by the Mack	and interview, sure fire drills es for 1 of 3	K 0050	This deficient practice has not resulted in any negative outcomes for any residents or staff; however, as the finding states,all residents had the	08/16/2016

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION <u>01</u>	(X3) DATE SURVEY COMPLETED 08/15/2016
PINE HA		REHABILITATION CENTER	3400 S EVANS	ADDRESS, CITY, STATE, ZIP CODE STOCKER DR SVILLE, IN 47720	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION DATE
K 0051	residents in the f Findings include Based on review on 08/15/16 at 10 Maintenance Dir four, third shift (performed betwee a.m. During an in record review, the acknowledged the	of the facility's fire drills 0:45 a.m. with the rector present, three of night) fire drills were sen 5:45 a.m. and 6:30 interview at the time of the Maintenance Director the times the third shift therformed and agreed the		potential to be affected by the deficient practice. In order to ensure that the times for the facility's fire drills vary enounteep staff, residents, and visualert and prepared in the evaluation after the Fire Drill Tracking has been updated to include pre-determined dates and the for all future drills. This updates are varied times and day being tested for each and eshift, including both weekend days. (Please see attached Drill Tracking Tool.) The Fire Tracking Tool will be routine completed by the Maintenand Director and be reviewed mounted with the Administrator to enongoing compliance. Any is noted during this review will promptly addressed.	gh to sitors ent of Tool e mes ate will ys are very d Fire e Drill ely nce onthly sure sues
SS=F Bldg. 01	LIFE SAFETY CO A fire alarm syster and components a in accordance with Electric Code and Alarm Code to pro fire in any part of t system wiring or o are monitored for fire alarm system by any required sp detection device, o Manual alarm box of egress near ead alarm boxes in pa not be required at boxes are located	DE STANDARD In is installed with systems approved for the purpose in NFPA 70, National NFPA 72, National Fire evide effective warning of the building. Fire alarm ther transmission paths integrity. Initiation of the is by manual means and prinkler system alarm, for detection system. The estimates are provided in the path or required exit. Manual tient sleeping areas shall exits if manual alarm at all nurse's stations. In its provided by audible			

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` ´		i '			(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		JILDING	01	COMPL	
		155621	B. WI	NG		08/15/	/2016
NAME OF F	ROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
					TOCKER DR		
PINE HA	VEN HEALTH AND	REHABILITATION CENTER		EVANS	VILLE, IN 47720		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRE			(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		. In critical care areas, sufficient. The fire alarm					
		the alarm automatically to					
	notify emergency	forces in the event of fire.					
		omatically activates					
		unctions. System records and readily available.					
	18.3.4, 19.3.4, 9.6						
	Based on observ	ration and interview, the	K 0	051	This apparently deficient pract	ice	08/29/2016
		ensure 1 of 17 manual			has not resulted in negative outcomes for any residents or		
	fire alarm boxes	was readily accessible.			staff; however, as the finding		
	NFPA 72, The N	Vational Fire Alarm			states, all residents (especially	/	
	Code, 2-8.2.1 sta	ates manual fire alarm			those on the Stocker I and II		
	boxes shall be di	istributed throughout the			units)had the potential to be affected by this presumably		
	protected area so	that they are			deficient practice. As part of th	ie.	
	unobstructed, rea	adily accessible, and			effort to attain compliance, the		
	located in the pa	th of exit from the area.			facility's Maintenance Director		
	This deficient pr	actice affect all residents,			and Administrator met with	v'o	
	as well as staff a	and visitors in the facility.			representatives from the facilit fire and safety contractor (i.e.,	y S	
					Priority One Fire and Security)	to	
	Findings include	e:			discuss the placement of the		
	-				manual fire alarm pull station		
	Based on observ	ration on 08/15/16 at			located on the wall behind the smoke barrier doors near Room	m	
	12:50 p.m. durin	g a tour of the facility			#311. Upon further research, in		
	_	nance Director, the			was determined that the fire		
	manual fire aları	n pull station at the			alarm box referenced in the		
	smoke barrier do	oors between Stocker I			survey finding had been place near what was, originally, an e		
	and Stocker II ci	ross corridor between			door (i.e., prior to the construc		
	rooms 311 and 4	100 was located on the			of the Stocker II addition in 200		
	wall behind the	east side smoke barrier			However, as part of the		
	door while held	open with the magnetic			construction of the Stocker II uthis exit door was converted to		
		is was acknowledged by			current function as a set of	າເວ	
		Director at the time of			smoke barrier doors; therefore	, a	
	observation.				determination has been made		
					that this manual fire alarm pull		
					station can be safely eliminate	u	

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	(X2) MULTIPLE CC A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 08/15/2016
PINE HA		REHABILITATION CENTER	3400 S EVANS	ADDRESS, CITY, STATE, ZIP CODE TOCKER DR VILLE, IN 47720	
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K 0062 SS=F Bldg. 01	continuously main condition and are	DE STANDARD ic sprinkler systems are tained in reliable operating inspected and tested 7.6, 4.6.12, NFPA 13,		entirely. Priority One Fire and Security has confirmed that sufficient fire alarm boxes hav been installed at the appropria places in the facility to ensure both safety and compliance w applicable regulatory requirements. Priority One will continue to do quarterly assessments of the facility's fi alarm stations and smoke detection systems to ensure a equipment and systems are operational and reliable. The Maintenance Director will retaicopies of the reports resulting from all such contractor assessments.	ith re
	Based on record interview; the factor of 1 private fire I continuously material operating condition tested periodical Edition, the Stan Testing, and Mai Water-Based Fir Section 4-2.2.4 r hydrants to be in after each operation.	intained in reliable ion and inspected and ly. NFPA 25, 1998 dard for the Inspection,	K 0062	This deficient practice has not resulted in negative outcomes for any residents or staff; however, as the finding states, all residents ha the potential to be affected by this deficie practice. Immediately following the survey exconference, the Maintenance Director	d nt

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155621		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			survey eted '2016	
PINE HA		REHABILITATION CENTER		3400 ST EVANS	ADDRESS, CITY, STATE, ZIP CODE FOCKER DR VILLE, IN 47720		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE
	practice could a and visitors. Findings include Based on review maintenance recommendates book with the Mainte there was no do facility's one firm annual inspection interview at the Maintenance facility's one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm inspected during Based on observand 2:00 p.m. do with the Maintenance facility is one firm in the faci				contacted the facility's local contractor to schedule a prompt inspection of the private fire hydrant. This contractor (i.e., Southwest Sprinkler) is now scheduled to inspect the fire hydrant (with the assistance of the Evansville Water a Sewer Utility) prior to the end of August, 2016. Additionally, the facility has added another line item to the monthly Preventative Maintenance (PM) schedule to remind the Maintenance Director to monitor the fire hydran inspection record each month. When monitorin indicates that the facilities within three (3) month of the next inspection "due date", a call will be placed to Southwest Sprinkler to schedule the required inspection visit. Prior to the facility.	nd ne e e e e e e e e e e e e e e e e e	

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NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3400 STOCKER DR EVANSVILLE, IN 47720	(X5) COMPLETION
FINE DAVEN DEALTD AND REDADILITATION CENTER EVANSVILLE, IN 4/1/20	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY	DATE
R Morze SS=E Bldg. 01 NFPA 101 SS=E Bldg. 01 NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there form, or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1 Based on observation and interview, the facility failed to ensure 1 of 10 corridor means of egress was continuously maintained free of obstructions. This deficient practice could affect up to 12 residents, as well as staff and visitors in the Stocker I and Stocker II 300 and 400 west corridor. Findings include: Based on an observation on 08/15/16 at	08/16/2016

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	of correction identification number: 155621	A. BUILDING B. WING	NSTRUCTION 01	COMPLETED 08/15/2016
	PROVIDER OR SUPPLIER VEN HEALTH AND REHABILITATION CENTER	3400 ST	ADDRESS, CITY, STATE, ZIP CODE FOCKER DR VILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
	12:52 p.m. and again at 1:45 p.m. during a tour of the facility with the Maintenance Director, the Stocker I and Stocker II 300 and 400 hall west corridor had three wheeled carts and three chairs stored in the corridor. This was acknowledged by the Maintenance Director at the time of observation. 3.1-19(b)		affected by this deficient practice. Within hours of this concern being brought to the attention of the Maintenance Director, the mobile cate and the three chairs identified during the survey were moved to more appropriate locations, thereby rendering the hallway it question free and clear of any obstructions. The Maintenance Director and all housekeeping personnel have been in-serviced on the importance of keeping the hallways free and clear of any furnishings beds, carts, etc. that mobstruct traffic in the event of an emergency. These same staff members have been instructed to immediate address any such concerns noted in the future. Additionally, the facility has added	of n rts n re s, nay r. ely

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	OF CORRECTION IDENTIFICATION NUMBER: 155621	(X2) MULTIPLE C A. BUILDING B. WING	01	COMPLETED 08/15/2016
	ROVIDER OR SUPPLIER VEN HEALTH AND REHABILITATION CENTER	3400 S	ADDRESS, CITY, STATE, ZIP CODE STOCKER DR SVILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K 0144	NFPA 101		another line item to ou weekly Preventative Maintenance (PM) schedule that reminds our Maintenance Director to check facility hallwar for any potential obstructions, and subsequently, to bring any such observations/concerns the attention of the facility's Safety Committee for further review, in-servicing, and/or counseling, as necessary. The results these walk-throughs where the eviewed during the facility's quarterly Qual Assurance meetings to ensure ongoing compliance.	tor ys to of ill elity
SS=C Bldg. 01	LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)			
	Based on record review and interview, the facility failed to ensure 1 of 1	K 0144	This deficient practice has not resulted in	08/17/2016

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	OF CORRECTION IDENTIFICATION NUMBER: 155621	A. BUILDING <u>01</u> B. WING	ION	COMPLETED 08/15/2016
	PROVIDER OR SUPPLIER VEN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, 3400 STOCKEF EVANSVILLE, I		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH	PROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generator was being recorded after each load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems,1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shut down. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on review of the facility's Weekly Generator Log on 08/15/16 at 11:30 a.m. with the Maintenance Director present, the generator log form documented the generator was tested weekly for 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, furthermore,	any rehower state staff, poter by the pract follow confer Main upda General that is Wedner the form the form the form the form that is spaced informattace as are Logs each Main and key state.	tive outcomes for esidents or staff; ever, as the findings, all residents, and visitors had atial to be affected is deficient dice. Immediately ving the survey extended the facility's exator Log. Later same week (i.e., exame week (i.e., exame week (i.e., exame of the Log to include entry es for both "Cool of Time" and extended or the sary additional mation. (Please shed Generator Lemended.) Generate will be complete week by the tenance Director kept on file for weach month by	the d ving see og, tor d

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED			
155621		A. BUILDING <u>01</u> B. WING			08/15/2016		
		100021	<u> </u>	CTDEET A	ADDRESS, CITY, STATE, ZIP CODE	00/10/	2010
NAME OF F	PROVIDER OR SUPPLIE	R			OCKER DR		
PINE HA	VEN HEALTH AND	REHABILITATION CENTER			VILLE, IN 47720		
(X4) ID		STATEMENT OF DEFICIENCIES	, n	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		REFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΓE	COMPLETION DATE
		cumentation that showed			the Administrator upon		
	_	insfer time being recorded			request. Information		
	_	d test. During an time of record review,			contained on the		
		e Director confirmed the			Generator Logs will be		
		or log did not include			made available for		
		of a cool down time being			review during the		
		generator transfer time			quarterly Quality		
	being recorded.				Assurance meetings, in	ו	
					an effort to ensure		
	3.1-19(b)				ongoing compliance. A issues and/or concerns	·	
					noted by the	,	
					Interdisciplinary team		
					during such meetings v	azill .	
					be promptly addressed		
					as necessary.		
K 0000							
Bldg. 02							
	1	ode Recertification and	K 000	00	By submitting the Plan	of	
		Survey was conducted by			Correction, the facility i	s	
		e Department of Health in			not admitting to the trut	th	
	accordance with	42 CFR 483.70(a).			or accuracy of the cited	t t	
	Survey Date: 08	8/15/16			deficiencies or allegations. The facility	y	
	Facility Number	·· 000442			reserves the right to		
	Provider Number				contest the findings or		
	AIM Number:				allegations as part of a	ny	
					proceedings and subm	it	
	At this Life Safe	ety Code survey, Pine			these responses		
	Haven Health ar	nd Rehabilitation Center			pursuant to our		
I			1				

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155621		(X2) MULTIPLE CO A. BUILDING B. WING	02	(X3) DATE SURVEY COMPLETED 08/15/2016
	ROVIDER OR SUPPLIER VEN HEALTH AND REHABILITATION CENTER	3400 S	ADDRESS, CITY, STATE, ZIP CODE TOCKER DR VILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K 0050	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), and 410 IAC 16.2. The Stocker Addition II was surveyed with Chapter 18 New Health Care Occupancies. This portion of the facility was one story and determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in corridors, areas open to the corridors, and all resident sleeping rooms. The facility has a capacity of 113 and had a census of 65 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except, two detached buildings used for facility storage. Quality Review completed on 08/18/16 - DA NFPA 101		regulatory obligations. The facility requests the Plan of Correction be consider our allegation of compliance, effective of or before August 29th, 2016, to the cited deficiencies of the Life Safety Code Recertification and Stat Licensure Survey with exit date of August 15th 2016.	red on te an
SS=C Bldg. 02	LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at			

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	1 1	ILDING	onstruction 02	(X3) DATE COMPL 08/15 /	ETED
	PROVIDER OR SUPPLIEF	REHABILITATION CENTER	-	3400 S	ADDRESS, CITY, STATE, ZIP CODE FOCKER DR VILLE, IN 47720		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
K 0051 SS=F Bldg. 02	at least quarterly of familiar with procedurills are part of expensibility for drills is assigned of who are qualified. Where drills are on PM and 6:00 AM amay be used instantant as a second the facility failed were held at variety employee shifts. This deficient procession in the familiar four, third shift of performed between a.m. During an record review, the acknowledged the fire drills were possible times were not with the familiar four, the shift of the performed between the familiar four, the shift of the shif	planning and conducting only to competent persons to exercise leadership. onducted between 9:00 a coded announcement ead of audible alarms. review and interview, d to ensure fire drills ited times for 1 of 3 during 3 of 4 quarters. Factice could affect all facility. The of the facility's fire drills to the facility of the facility were een 5:45 a.m. with the rector present, three of finight) fire drills were een 5:45 a.m. and 6:30 interview at the time of the Maintenance Director the times the third shift therformed and agreed the facility aried enough.	K 00	050	This deficient practice has not resulted in any negative outcomes for any residents or staff; however, as the finding states, all residents had the potential to be affected by this deficient practice. In order to ensure that the times for the facility's fire drills vary enough keep staff, residents, and visit alert and prepared in the ever a fire, the Fire Drill Tracking Thas been updated to include pre-determined dates and tim for all future drills. This update ensure varied times and days being tested for each and eve shift, including both weekend days. (Please see attached Fi Drill Tracking Tool will be routinely completed by the Maintenanc Director and be reviewed mor with the Administrator to ensu ongoing compliance. Any issu noted during this review will b promptly addressed.	n to cors at of cool es e will are erry fire Drill e athly re les	08/16/2016

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	ì í	JILDING	onstruction 02	(X3) DATE COMPL 08/15 /	ETED
NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER			3400 S	ADDRESS, CITY, STATE, ZIP CODE FOCKER DR VILLE, IN 47720			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	in accordance with Electric Code and Alarm Code to profire in any part of the system wiring or of the area monitored for fire alarm system by any required system the detection device, of Manual alarm boxes in part of the electric modern of the electric	ation and interview, the ensure 1 of 17 manual was readily accessible. Jational Fire Alarm ates manual fire alarm astributed throughout the o that they are adily accessible, and th of exit from the area. actice affect all residents, and visitors in the facility.	K 0	051	This apparently deficient pract has not resulted in negative outcomes for any residents or staff; however, as the finding states, all residents (especially those on the Stocker I and II units)had the potential to be affected by this presumably deficient practice. As part of the effort to attain compliance, the facility's Maintenance Director and Administrator met with representatives from the facilit fire and safety contractor (i.e., Priority One Fire and Security discuss the placement of the manual fire alarm pull station located on the wall behind the	/ ne : y's	08/29/2016

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BU	A. BUILDING <u>02</u> COMPL		
		155621	B. W	B. WING 08/15/201		
				CENTER	ADDRESS OVEN STATE SID CODE	
NAME OF P	ROVIDER OR SUPPLIER	t			ADDRESS, CITY, STATE, ZIP CODE	
					TOCKER DR	
PINE HA	VEN HEALTH AND	REHABILITATION CENTER		EVANS	VILLE, IN 47720	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	12:50 p.m. durin	g a tour of the facility			smoke barrier doors near Roo	m
	-	nance Director, the			#311. Upon further research, i	t
		n pull station at the			was determined that the fire	
		_			alarm box referenced in the	
		oors between Stocker I			survey finding had been place	
	and Stocker II cr	ross corridor between			near what was, originally, an e	
	rooms 311 and 4	00 was located on the			door (i.e., prior to the construct	
	wall behind the	east side smoke barrier			of the Stocker II addition in 20 However, as part of the	Joj.
	door while held	open with the magnetic			construction of the Stocker II i	ınit
		is was acknowledged by			this exit door was converted to	
		Director at the time of			current function as a set of	
		Director at the time of			smoke barrier doors; therefore	e, a
	observation.				determination has been made	
					that this manual fire alarm pull	
	3.1-19(b)				station can be safely eliminate	:d
					entirely. Priority One Fire and	
					Security has confirmed that	
					sufficient fire alarm boxes hav	
					been installed at the appropria	ite
					places in the facility to ensure	ith
					both safety and compliance will applicable regulatory	·UI
					requirements. Priority One will	
					continue to do quarterly	
					assessments of the facility's fi	re
					alarm stations and smoke	
					detection systems to ensure a	II
					equipment and systems are	
					operational and reliable. The	
					Maintenance Director will retain	n
					copies of the reports resulting	
					from all such contractor	
					assessments.	
K 0062	NFPA 101					
SS=F	LIFE SAFETY CO	DE STANDARD				
Bldg. 02	Automatic sprinkle					
514g. 02		tained in reliable operating				
		inspected and tested				
		6, 19.7.6, 4.6.12, NFPA 13,				
	NFPA 25, 9.7.5	•				

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	(X2) MUL A. BUII B. WING	DING	nstruction 02	(X3) DATE : COMPL 08/15/	ETED
PINE HA		REHABILITATION CENTER		3400 ST EVANS	NDDRESS, CITY, STATE, ZIP CODE FOCKER DR VILLE, IN 47720		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NTE .	(X5) COMPLETION DATE
	interview; the factor of 1 private fire 1 continuously material operating conditions tested periodical Edition, the Stant Testing, and Mater-Based Fire Section 4-2.2.4 relations to be in after each operation inspected and the action shall be tapractice could after and visitors. Findings included Based on review maintenance reconstructions for the Maintenance reconstruction of the Maintenance facility's one fire annual inspection on interview at the Maintenance facility's one fire inspected during Based on observant 2:00 p.m. during the Maintenance facility is one fire inspected during Based on observant 2:00 p.m. during the Maintenance facility is one fire inspected during Based on observant 2:00 p.m. during the Maintenance facility is one fire inspected during Based on observant 2:00 p.m. during the Maintenance facility is one fire inspected during Based on observant 2:00 p.m. during the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during Based on observant in the Maintenance facility is one fire inspected during the facility is one fire inspected during the facility is one fire inspected during the facility is one facility is one fire inspected during the facility is one facility is one fac	intained in reliable ion and inspected and ly. NFPA 25, 1998 dard for the Inspection, intenance of e Protection Systems at equires dry barrel spected annually and ion. Hydrants shall be e necessary corrective ken. This deficient fect all residents, staff,	K 006	52	This deficient practice has not resulted in negative outcomes for any residents or staff; however, as the finding states, all residents had the potential to be affected by this deficie practice. Immediately following the survey exconference, the Maintenance Director contacted the facility's local contractor to schedule a prompt inspection of the private fire hydrant. This contractor (i.e., Southwest Sprinkler) is now scheduled to inspect the fire hydran (with the assistance of the Evansville Water as Sewer Utility) prior to the end of August, 2016. Additionally, the facility has added another line item to the monthly Preventative Maintenance (PM) schedule to remind the	g d nt kit te s t nd he	08/31/2016

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	OF CORRECTION IDENTIFICATION NUMBER: 155621	(X2) MULTIPLE CO A. BUILDING B. WING	02	COMPLETED 08/15/2016
	ROVIDER OR SUPPLIER VEN HEALTH AND REHABILITATION CENTER	3400 S	ADDRESS, CITY, STATE, ZIP CODE TOCKER DR SVILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	property. 3.1-19(b)		Maintenance Director of monitor the fire hydran inspection record each month. When monitoring indicates that the facilities within three (3) monitoring of the next inspection "due date", a call will be placed to Southwest Sprinkler to schedule to required inspection visit. Prior to the facility regularly scheduled quarterly Quality Assurance meetings, to Maintenance Director of submit to the Administrator copies of all PM schedules to ensure ongoing compliance with the requirement to annually inspect the fire hydrant question.	t hg hy ths e he will f
K 0072 SS=E Bldg. 02	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155621		A. BUILDING B. WING	02	COMPLETED 08/15/2016
	PROVIDER OR SUPPLIER AVEN HEALTH AND REHABILITATION CENTER	3400 S	ADDRESS, CITY, STATE, ZIP CODE TOCKER DR SVILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 7.1.10. 18.2.1, 19.2.1	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	Based on observation and interview, the facility failed to ensure 1 of 10 corridor means of egress was continuously maintained free of obstructions. This deficient practice could affect up to 12 residents, as well as staff and visitors in the Stocker I and Stocker II 300 and 400 west corridor. Findings include: Based on an observation on 08/15/16 at 12:52 p.m. and again at 1:45 p.m. during a tour of the facility with the Maintenance Director, the Stocker I and Stocker II 300 and 400 hall west corridor had three wheeled carts and three chairs stored in the corridor. This was acknowledged by the Maintenance Director at the time of observation. 3.1-19(b)	K 0072	This deficient practice has not resulted in negative outcomes for any residents or staff; however, as the finding states, any residents, staff, or visitors located on the west corridor of the Stocker I or II units during an emergency had the potential to be affected by this deficie practice. Within hours of the Maintenance Director, the mobile cannot the three chairs identified during the survey were moved to more appropriate locations, thereby rendering the hallway in question free and clear of any obstructions. The Maintenance Director and all housekeeping personnel have been in-serviced on the importance of keeping the hallways free and	nt of n rts

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NAME OF P	ROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP CODE	
PINE HA	VEN HEALTH AND	REHABILITATION CENTER		SVILLE, IN 47720	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
				clear of any furnishing beds, carts, etc. that robstruct traffic in the event of an emergence. These same staff members have been instructed to immediate address any such concerns noted in the future. Additionally, the facility has added another line item to out weekly Preventative Maintenance (PM) schedule that reminds our Maintenance Directo check facility hallwast for any potential obstructions, and subsequently, to bring any such observations/concerns the attention of the facility's Safety Committee for further review, in-servicing, and/or counseling, as necessary. The result these walk-throughs we be reviewed during the facility's quarterly Qu	ey. tely ctor ays s to s of vill e

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155621		A. BUILDING B. WING	COMPLETED 08/15/2016	
NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER		3400 S	ADDRESS, CITY, STATE, ZIP CODE TOCKER DR VILLE, IN 47720	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K 0144 SS=C Bldg. 02	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator was allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generator was being recorded after each load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shut down. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.	K 0144	Assurance meetings to ensure ongoing compliance. This deficient practice has not resulted in negative outcomes for any residents or staff; however, as the finding states, all residents, staff, and visitors had to potential to be affected by this deficient practice. Immediately following the survey exconference, the Maintenance Director updated the facility's Generator Log. Later that same week (i.e., owednesday, 8/17/16), the Director amended the format of the Log sheet to include entry spaces for both "Cool Down Time" and	08/17/2016 he

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MI	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING <u>02</u>			COMPLETED	
		155621	B. WI	_		08/15/	2016
NAME OF F	PROVIDER OR SUPPLIEI	₹			ADDRESS, CITY, STATE, ZIP CODE		
PINE HA	VEN HEALTH AND	REHABILITATION CENTER			TOCKER DR VILLE, IN 47720		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
	Eindings in slude				"Transfer Time", allowi	ng	
	Findings include) .			inclusion of the		
	Based on review	of the facility's Weekly			necessary additional information. (Please se		
		on 08/15/16 at 11:30 a.m.			attached Generator Lo		
	with the Mainter	nance Director present,			as amended.)Generato	•	
	_	g form documented the			Logs will be completed		
		ested weekly for 30			each week by the	1	
		oad, however, there was			Maintenance Director,		
		on on the form that			and kept on file for		
	_	erator had a cool down ts load test, furthermore,			review each month by		
		cumentation that showed			the Administrator upon	1	
		Insfer time being recorded			request. Information		
	following its loa	d test. During an			contained on the		
		time of record review,			Generator Logs will be	:	
		e Director confirmed the			made available for		
		or log did not include			review during the		
		of a cool down time being			quarterly Quality		
	being recorded.	generator transfer time			Assurance meetings, i	n	
	being recorded.				an effort to ensure		
	3.1-19(b)				ongoing compliance. A	•	
	. ,				issues and/or concerns	S	
					noted by the		
					Interdisciplinary team	.,,	
					during such meetings		
l					be promptly addressed	נ	
					as necessary.		

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