

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 11/28/2022
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NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE - WEST LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP COD 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906
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E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/28/22</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: 201271750</p> <p>At this Emergency Preparedness survey, Westminster Village - West Lafayette was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>Quality Review completed on 11/30/22</p>	E 0000	<b>E 0000</b> – Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. We respectfully request a desk review of this POC and a subsequent paper compliance revisit.	
K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/28/22</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: 201271750</p> <p>At this Life Safety Code survey, Westminster Village - West Lafayette was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a),</p>	K 0000	<b>E 0000</b> – Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. We respectfully request a desk review of this POC and a subsequent paper compliance revisit.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Gregory Steele	Administrator	12/23/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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K 0345 SS=F Bldg. 01	<p>Life Safety from Fire and the 2012 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>The facility consists of the Courtyard, Pavilion and Terrace halls in a one story sprinklered building determined to be of Type III (211) construction. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 72 and had a census of 68 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 11/30/22</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code as required by LSC Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the</p>	K 0345	<b>K 0345</b> – This deficient practice could affect 68 residents. This has already been corrected through the following actions. Our fire system vendor, Mulhaupt Inc, completed the inspection on 12/08/2022. This inspection	01/06/2023

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K 0918 SS=F Bldg. 01	<p>schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>Based on record review with the facilities Plant Operations Director on 12/28/22 at 12:38 p.m., no documentation could be provided regarding a visual semi-annual fire alarm system inspection. There was an annual fire alarm system inspection completed on 06/23/22 available for review, but nothing six months pre or post this inspection. Based on interview at the time of record review, the facilities Plant Operations Director agreed that a visual semi-annual inspection of the fire-alarm system was not completed because he had no idea that there was a requirement for one. He also added that he would contact his vendor immediately and have the inspection scheduled.</p> <p>This finding was reviewed with the Administrator at the exit conference on 11/28/22 at 2:55 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing</p>		<p>reviewed; Control Unit trouble signals, remote annunciators, initiating devices, notification appliances and magnetic hold open devices. The completed checklist will be forwarded as soon as it is received from the vendor. Also, Westminster has this scheduled to occur semi-annually with the fire system vendor. This documentation will be kept on file in the Plant Operations Director's office. These corrections will comply with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Sections 9.6.1.3,9.6.1.5 NFPA70, NFPA 72.</p>				

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	<p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for three of the facility's four diesel powered generators. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System)</p>	K 0918	<p><b>K 0918</b>-This deficient practice could affect as many as 68 residents, within the facility and will be corrected through the following actions no later than January 6, 2023. Our generator</p>	01/06/2023

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	<p>generator sets shall be inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the facilities Plant Operations Director on 12/28/22 at 12:38 p.m., the following was noted:</p> <p>a) no documentation of an annual fuel quality test for the diesel generator #1, a 125-kW diesel powered generator, that provides emergency power for the Terrace Hall was available for review at the time of this survey.</p> <p>b) no documentation of an annual fuel quality test for the diesel generator #2, a 180-kW diesel powered generator, that provides emergency power for the Courtyard Hall was available for review at the time of this survey.</p> <p>c) no documentation of an annual fuel quality test for the diesel generator #3, an 80-kW diesel powered generator, that provides emergency power for the Pavilion Hall was available for review at the time of this survey.</p> <p>Based on interview with the facilities Plant Operations Director at the time of record review, he stated that he thought his vendor did the aforementioned testing. After checking with said vendor, it was determined that the testing had not been completed. Furthermore, the Plant Operations Director added that the testing was scheduled for the following week for all three</p>		<p>maintenance vendor, Huston Electric serviced all our generators that support our Health Center on 12/14/2022. This service included quality testing of the fuel in accordance with NFPA 110, Section 8.3.8. The documentation of this change will be recorded, and documentation will be kept on file in the Plant Operations Director's office. The test results are due back to us the week of January 2, 2023.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-039

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	This finding was reviewed with the Administrator at the exit conference on 11/28/22 at 2:55 p.m.  3.1-19(b)				