

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154014	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 05/12/2014
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NAME OF PROVIDER OR SUPPLIER OTIS R BOWEN CENTER FOR HUMAN SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1535 PROVIDENT DR WARSAW, IN 46580
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K020000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 05/12/14</p> <p>Facility Number: 005179 Provider Number: 154014 AIM Number: 100273260A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist.</p> <p>At this Life Safety Code survey, Otis R. Bowen Center for Human Services was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.482,41(b), 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.</p> <p>This one story facility with a walk out basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and in patient rooms. The facility has a</p>	K020000		
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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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K020018	<p>capacity of 16 and had a census of 7 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/15/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 12 patient room corridor doors closed and latched into the door frame. This deficient practice could affect 1 of 7 patients.</p> <p>Findings include:</p> <p>Based on an observation with the Vice President of Risk Management, the Nursing Supervisor and Maintenance Technician # 1 on 05/12/14 at 2:45 p.m.,</p>	K020018	Facilities Director will evaluate door and have the door repaired or replaced as needed by June 10th 2014.	06/10/2014

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K020046	<p>the corridor door to patient room 104 failed to latch into the door frame. This was acknowledged by Maintenance Technician # 1 at the time of observation.</p> <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 5 of 5 emergency light fixtures of at least 1½ hour duration were tested annually in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. 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. In addition, NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice was not in a patient care area but could affect staff.</p> <p>Findings include: Based on observations with the Vice</p>	K020046	The Facilities Director will have all emergency batteries replaced in accordance with NFPA standard by June 10, 2014. The 1 1/2 hours battery drains will be placed on a control cycle to be completed by June 30th of each year. The results of the test will be reported to the Inpatient CQRI meeting on annual basis.	06/10/2014

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K020050	<p>President of Risk Management, Nursing Supervisor and Maintenance Technician # 1 on 05/12/14 during a tour of the facility from 2:00 p.m. to 4:00 p.m., three battery operated emergency lights were observed in the stairway and two in the basement. Based on record review at 4:03 p.m. on 05/12/14 with the Vice President of Risk Management, there was no documentation of an annual ninety minute test on the battery operated lights. This was confirmed by the Vice President of Risk Management at the time of record review.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all occupants.</p> <p>Findings include:</p>	K020050	As of January 1, 2014 all fire drills have been conducted and documented as per requirements. The Inpatient Nursing Supervisor will be responsible as of May 19, 2014 to schedule, conduct, and document fire drills that are at unexpected times, under varying conditions, at least quarterly on each shift (one per shift per quarter). The Nursing Inpatient	06/10/2014			

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K020056	<p>Based on review of the "Fire Drill Evacuation" with the Vice President of Risk Management and the Nursing Supervisor on 05/12/14 at 12:50 p.m., there was no record of a third shift fire drill for the third quarter of 2013. Based on an interview with the Vice President of Risk Management at the time of record review, no other documentation was available for review to verify this drill was conducted.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 1 ADL closets in accordance with NFPA 13, Standard for the</p>	K020056	<p>Nursing Supervisor will as of May 19, 2014 send a copy of each IPU Fire Drill to the Facilities Director who will ensure compliance to regulations. The Director of Nursing will be responsible as of May 19, 2014 to review quarterly the fire drill schedule with the Inpatient Nursing Supervisor to ensure fire drills are being scheduled, conducted, and documented as per regulation. The Facilities Director will as of May 19, 2014 report to the CQRI all fire drills conducted at IPU.</p> <p>Facilities Director will have a new sprinkler head scheduled to be installed in the ADL closet by June 10th, 2014. Facility Director will have sprinkler system company perform a survey of the</p>	06/10/2014

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K020066	<p>Installation of Sprinkler Systems to provide complete coverage for all portions of the building. This deficient practice could affect 3 or 4 patients in the TV area.</p> <p>Findings include:</p> <p>Based on an observation with the Vice President of Risk Management, the Nursing Supervisor and Maintenance Technician # 1 on 05/12/14 at 3:00 p.m., the ADL supply closet lacked a sprinkler head. This was confirmed by the Nursing Supervisor at 3:30 p.m.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied</p>		building to ensure compliance with all standards outlined in NFPA 25 and NFPA 13.				

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	<p>are readily available to all areas where smoking is permitted. 18.7.4</p> <p>Based on observation and interview, the facility failed to enforce 1 of 1 smoking policies for the facility. This deficient practice could affect occupants evacuated through the side exit where the emergency generator is located.</p> <p>Findings include:</p> <p>Based on an observation with the Vice President of Risk Management, the Nursing Supervisor and Maintenance Technician # 1 on 05/12/14 at 2:18 p.m., there were at least fifty cigarette butts in the gravel near the emergency generator. Based on an interview with the Vice President of Risk Management at the time of observation, the entire campus is designated smoke free.</p>	K020066	<p>The Facilities Director will ensure that a no smoking sign is posted outside the side entrance where the generator is located by June 10, 2014. The Director of Nursing will be responsible for re-educating all IPU staff regarding Bowen Center policy VII Tobacco Free (R-01) by May 29, 2014. The Nursing Inpatient Supervisor will inspect the emergency generator location weekly to ensure staff or others are compliant with Bowen Center policy as of May 19, 2014.</p>	06/10/2014
K020130	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 water heaters had a current inspection certificate to ensure the water heaters were in safe operating condition. NFPA 101, in 19.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire</p>	K020130	<p>Facilities Director will schedule an inspection on the water heaters by June 10th, 2014. The Facilities Director will place this inspection on a annual control cycle and report compliance to the Inpatient CQRI Committee.</p>	06/10/2014

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K020144	<p>emergency requiring the evacuation of patients. This deficient practice was not in a resident care area but could affect any number of staff in the basement.</p> <p>Findings include:</p> <p>Based on observation with the Vice President of Risk Management, the Nursing Supervisor and Maintenance Technician # 1 on 05/12/14 at 3:30 p.m., the two basement water heaters lacked a Certificate of Inspection. Based on an interview with the Vice President of Risk Management at the time of observation, the water heaters were rated at 150,00 BTU's.</p> <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>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in</p>	K020144	(1)Facilities Director will place the monthly generator operational exercise on a monthly control cycle and begin reporting the results of the test to the quarterly CQRI Committee meeting for the Inpatient Unit by June 10th. (2) Facilities Director will have a battery operated flashlight installed in the generator housing. The location of the flashlight will be labeled on the exterior of the of the generator	06/10/2014

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	<p>Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, whichever is greater, at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all patients.</p> <p>Findings include:</p> <p>Based on review of the generator log "Inpatient Unit Generator Test" with the Vice President of Risk Management, the Nursing Supervisor and Maintenance Technician # 1 on 05/12/14 at 1:30 p.m., there was no documentation available of a generator load test for the month of April, 2014. At the time of record review, the Vice President of Risk Management stated the person who conducted the generator load test recently quit and the documentation could not be found.</p> <p>2. Based on observation and interview, the facility failed to provide adequate emergency task lighting in and around 1 of 1 generator sets in accordance with</p>		housing. The generator inspection form will be updated to include a monthly test of the flashlight by June 10th.				

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	<p>NFPA 101, 2000 Edition, Life Safety Code. LSC Section 7.9.2.3 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 Section 5-3.1 requires the EPS (Emergency Power Supply) equipment location shall be provided with battery powered emergency lighting. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Vice President of Risk Management, the Nursing Supervisor and Maintenance Technician # 1 on 05/12/14 at 2:20 p.m., the emergency generator enclosure lacked a battery powered emergency light. This was confirmed by Maintenance Technician # 1 at the time of observation.</p>			