

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155448	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 02/27/2023
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NAME OF PROVIDER OR SUPPLIER LOWELL HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP COD 710 MICHIGAN ST LOWELL, IN 46356
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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 02/27/23 Facility Number: 000361 Provider Number: 155448 AIM Number: 100266340 At this Emergency Preparedness survey, Lowell Healthcare was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 86 certified beds. At the time of the survey, the census was 77. Quality Review completed on 03/01/23	E 0000	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. We respectfully request consideration for desk review.	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 02/27/23 Facility Number: 000361 Provider Number: 155448 AIM Number: 100266340 At this Life Safety Code survey, Lowell Healthcare was found not in compliance with	K 0000	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. We respectfully request consideration for desk review.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Emily Bailey	Executive Director	03/17/2023

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 0300 SS=F Bldg. 01	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), 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>Building 01 was built as a two story building over a partial basement; Building 02 is a two story addition offset and connected to the original structure by a stairway prior to March 1, 2003. Building 03 is a dining room connected to Building 02. The facility refers to the levels as the first, second, third and fourth floors. The construction of Building 01 was determined to be of Type II (111) construction and was fully sprinklered. The construction type for the entire facility was V(111) and is fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and common areas. Resident rooms are provided with battery powered smoke detectors. The building is partially protected by a 230 kW diesel-powered generator. The facility has the capacity for 86 and had a census of 77 at the time of this survey.</p> <p>All areas accessible to residents and all areas providing facility services are sprinklered.</p> <p>Quality Review completed on 03/01/23</p> <p>NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation,</p>			

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	<p>should be included on Form CMS-2567. Based on observation and interview; the facility failed to ensure all battery-operated smoke alarms in resident rooms were maintained. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 29.10 states fire-warning equipment shall be maintained and tested in accordance with the manufacturer's published instructions and per the requirements of Chapter 14. Section 14.2.1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this Code and conform to the equipment manufacturer's published instructions. Section 14.4.8.1 states unless otherwise recommended by the manufacturer's published instructions, single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests but shall not remain in service longer than 10 years from the date of manufacture. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility from 1:45 p.m. to 3:00 p.m. with Maintenance Director on 02/27/23, the battery-operated smoke detectors mounted in resident rooms #123 and #125 were inspected. The smoke detectors were manufactured on March 12, 2012 and were more than 10 years old. Based on interview at the time of the above-mentioned observations, the Maintenance Director stated he was unaware of the manufactured date of the single action smoke alarms and would check every battery operated smoke alarms in the 41 resident rooms for manufacture date and replace if necessary.</p>	K 0300	<p>What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice? It's the policy of Lowell Healthcare to ensure all battery-operated smoke alarms in residents rooms were maintained. A house audit was completed on 02/28/2023 to identify the 41 battery-backups needed replaced. All show as functioning with no errors during audit. On March 9th, order was placed for replacements to meet requirements of being replaced every 10 years. Anticipated delivery date of 03/24/2023.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents could be affected by the deficient practice. A house audit was completed on 02/28/2023 to identify the 41 battery-backups needed replaced. On March 9th, order was placed for replacements to meet requirements of being replaced every 10 years. Anticipated delivery date of 03/24/2023.</p> <p>What measures will be put into place or what systemic changes you will make to</p>	03/24/2023	

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	<p>This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.</p> <p>3.1-19(c)</p>		<p>ensure that the deficient practice does not recur?</p> <p>To ensure the deficient practice does not reoccur, the battery-operated smoke alarms will be monitored by QA tool. Maintenance Director was in-serviced on 02/27/2023 on battery-operated smoke alarm requirements.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recure, i.e., what quality assurance program will be put into place?</p> <p>The corrective actions will be monitored by the Maintenance Director or designee using the Quality Assessment Tool attached by selecting ten (10) random locations of the battery-operated smoke detectors weekly for one month and all of them monthly thereafter for three (3) months. Any identified issues/trends will be corrected upon discovery and logged on the facility QAPI tracking log. The facility QAPI team meets monthly and any QAPI tracking logs are reviewed by the team to ensure ongoing compliance minimum of three (3) months and until the facility maintains 95% compliance for 60 days.</p>	

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K 0000 Bldg. 02	<p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 02/27/23</p> <p>Facility Number: 000361 Provider Number: 155448 AIM Number: 100266340</p> <p>At this Life Safety Code survey, Lowell Healthcare was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), 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>Building 01 was built as a two story building over a partial basement; Building 02 is a two story addition offset and connected to the original structure by a stairway prior to March 1, 2003. Building 03 is a dining room connected to Building 02. The facility refers to the levels as the first, second, third and fourth floors. The construction of Building 01 was determined to be of Type II (111) construction and was fully sprinklered. The construction type for the entire facility was V(111) and is fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and common areas. Resident rooms are provided with battery powered smoke detectors. The building is partially</p>	K 0000	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. We respectfully request consideration for desk review.</p>	
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K 0000 Bldg. 03	<p>protected by a 230 kW diesel-powered generator. The facility has the capacity for 86 and had a census of 77 at the time of this survey.</p> <p>All areas accessible to residents and all areas providing facility services are sprinklered.</p> <p>Quality Review completed on 03/01/23</p> <p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 02/27/23</p> <p>Facility Number: 000361 Provider Number: 155448 AIM Number: 100266340</p> <p>At this Life Safety Code survey, Lowell Healthcare was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), 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>Building 01 was built as a two story building over a partial basement; Building 02 is a two story addition offset and connected to the original structure by a stairway prior to March 1, 2003. Building 03 is a dining room connected to Building 02. The facility refers to the levels as the first, second, third and fourth floors. The construction of Building 01 was determined to be</p>	K 0000	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. We respectfully request consideration for desk review.</p>	

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

PRINTED: 04/05/2023
FORM APPROVED
OMB NO. 0938-039

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