

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2023
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP COD 7935 CALUMET AVE MUNSTER, IN 46321
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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 Dates: 12/07/23 and 12/08/23</p> <p>Facility Number: 000056 Provider Number: 155131 AIM Number: 100289450</p> <p>At this Emergency Preparedness survey, Munster Med-Inn, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 225 certified beds. At the time of the survey, the census was 155.</p> <p>Quality Review completed on 12/11/23</p>	E 0000	Please accept the evidence submitted for approval and a desk review.	
K 0000 Bldg. 03	<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 Dates: 12/07/23 and 12/08/23</p> <p>Facility Number: 000056 Provider Number: 155131 AIM Number: 100289450</p> <p>At this Life Safety Code survey, Munster Med-Inn was found not in compliance with</p>	K 0000	Please accept the evidence submitted for approval and a desk review.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Rosa McGowen	TITLE VP of Operations	(X6) DATE 01/11/2024
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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=E Bldg. 03	<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>This six-story facility with a full basement was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Battery operated smoke detectors are installed in all resident rooms. The building is fully protected by a 200-kW diesel-powered generator. The facility has the capacity for 225 and had a census of 155 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 12/11/23</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, should be included on Form CMS-2567. Based on observation and interview, the facility failed to ensure 1 of over 60 battery operated smoke alarms installed in resident sleeping rooms were not over ten years old in accordance with NFPA 72. NFPA 72, 2010 Edition, Section 14.4.8.1 states unless otherwise recommended by the</p>	K 0300	The facility requests paper compliance for this citation Please accept the following as the facility's plan of correction. This plan of correction does not	12/19/2023

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	<p>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 approximately 20 residents and staff in the vicinity of resident room 308.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director and Maintenance Technician #1 on 12/07/23 during a tour of the facility from 12:05 p.m. to 2:29 p.m., manufacturer's documentation affixed to the battery operated smoke alarms installed above the doors in resident sleeping room 308 had a date of 07/2011 respectively. Based on interview at the time of each observation, the Maintenance Technician #1 agreed the aforementioned smoke alarm was more than ten years old. The Maintenance Technician #1 replaced the battery smoke detector with an updated one during the survey at observation.</p> <p>These findings were reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>		<p>constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident room 308 battery operated smoke detector had a service life of ten years and needed replaced. Room 308 smoke detector has been replaced and is working properly.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>The alleged deficient practice has the potential to affect all residents if the smoke detectors were to fail during a fire.</p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</p> <p>The Maintenance department was re-educated on the life span of a battery-operated smoke Detectors. All Battery-operated smoke detectors has been checked for manufacture date over 10 years for replacement to ensure compliance. An audit of all resident room battery operated smoke Detectors has been completed to ensure compliance.</p> <p>How will the corrective action</p>		

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K 0321 SS=E Bldg. 03	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in		be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? An audit of all resident room battery operated smoke Detectors has been completed to ensure compliance. Maintenance Director or Designee will audit 10 battery operated smoke detectors weekly to ensure compliance. The results of the Audit will be reviewed at the Quality Assurance committee meeting for a duration of 3 months. All other deficient practices will be immediately corrected upon occurrence. Date of Compliance: 12/19/2023		

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	<p>REMARKS: 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 100-hall soiled utility rooms were protected as a hazardous area with a self-closing door that would automatically latch into the frame. This deficient practice could affect approximately 20 residents and staff.</p> <p>Findings include:</p> <p>Based on observations the Maintenance Technician #1 and Maintenance Director on 12/07/23 between 12:05 p.m. and 2:29 p.m., the 400-hall soiled utility (which contained barrels of trash and soiled linen), next to the nurses station, was equipped with self-closing door, but the door did not latch into the frame after testing three times. Based on interview at the time of observation, the Maintenance Director agreed the soiled utility room door was not latching into the frame and stated the closing device will need to be adjusted. The door was fixed and able to latch during the survey after the observation.</p> <p>This finding was reviewed with the Administrator</p>	K 0321	<p>The facility requests paper compliance for this citation Please accept the following as the facility's plan of correction. 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. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Facility fixed the self-closing door that will automatically latch into the frame in the 100-hall soiled utility room and 400 hall soiled utility room. This was corrected before surveyor exited. How will the facility identify other residents having the potential to be affected by the same deficient practice? The</p>	12/19/2023
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K 0353 SS=F Bldg. 03	and the Maintenance Director during the exit conference. 3.1-19(b) NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the		deficient practice has the potential to affect all staff and residents on the 1 and 4 floor if the soiled utility rooms are not protected as a with automatic latch into the frame of doors. What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur? Maintenance department was educated on soiled utility rooms being protected as a hazardous area with a self- closing door that will automatically latch into the frame. How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? An audit of all soiled utility rooms door automatic latch has been completed to ensure compliance. The Maintenance Director or will complete weekly door inspections to ensure proper closure. The audit will be reviewed at the Quality assurance committee meeting for a duration of 3 months. All other deficient practices will be immediately corrected upon occurrence. Date 12/19/2023		

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	<p>Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 fire pumps system in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 8.3.1.2 electric motor-driven fire pumps shall be operated monthly. Table 8.1.1.2 states fire pumps systems shall be visually inspected weekly in accordance with 8.2.2. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 12/07/23 between 09:15 a.m. and 11:51 a.m., A recommendation (RES) list dated 09/26/23 stated that the facilities fire pump had issues when testing. The list stated that a breaker "internally failed and would not close." The pump would require a churn test with "transfer ATS under load." The recommendation has a status of "high" dated 11/17/2020. Based on interview at the time of record review, the Maintenance</p>	K 0353	<p>Munster Med Inn Life Safety Code Recertification and State Licensure Survey:</p> <p>K (353)</p> <p>The facility requests paper compliance for this citation.</p> <p>Please accept the following as the facility's plan of correction. 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.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>A completed pass churn test with transfer ATS under load was completed by the fire Alarm company on 12/19/2023.</p> <p>How will the facility identify other residents having the potential to be affected by the</p>	12/19/2023
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K 0511 SS=E Bldg. 03	<p>Director stated that he was aware of the issue and has the contracted company scheduled to come out for repairs later this month. A repair proposal was obtained from the facility and email stating the work is confirmed to be scheduled at a later date. The Maintenance Director agreed that there were issues with the fire pump.</p> <p>This finding was reviewed with the Maintenance Director and Administrator during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p>		<p>same deficient practice? The deficient practice has the potential to affect all staff, residents, and visitors in the event of a fire and the fire pump failed. What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur? Maintenance was educated on testing of Fire Pump with passing results and documenting on PM form. Administrator or Designee will review Preventative Maintenance Log monthly to ensure compliance with the program. How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? A copy of the repair work order will be reviewed at the safety committee meeting for three months to ensure compliance.</p> <p>Date of Compliance 12/19/2023</p>	

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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical panel in the 300 hall was secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62(B).</p> <p>(A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B).</p> <p>(B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect approximately 12 residents and staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Maintenance Technician #1 on 12/07/23 between 12:05 p.m and 2:29 p.m., the electrical panel next to resident room 311 was unlocked when tested. The panel included breakers to the lights, outlets and hallway lights for the floor and resident rooms. Based on interview at the time of observation, The Maintenance Director agreed that the electrical panel would not lock and was unlocked at the observation. The lock was replaced and able to be secured during the survey after observation.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>	K 0511	<p>The facility requests paper compliance for this citation</p> <p>Please accept the following as the facility's plan of correction. 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.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The electrical panel lock in the 300 hall was replaced and locked from non-authorized personnel. This was correct during survey prior to exit.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>The deficient practice has the potential to affect staff and residents on the 300 hall if the Electrical panel is not locked from accidental contact from non-authorized personnel.</p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</p> <p>Maintenance was educated on electrical panels being locked from non-authorized personnel. A weekly random audit of electrical panel locks for 3 months</p>	12/19/2023	

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K 0916 SS=F Bldg. 03	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator annunciator panel was readily observed by operating personnel. This deficient practice could affect all the residents, as well as staff and visitors in the facility.</p> <p>Findings include: Based on observation during a tour of the facility</p>	K 0916	<p>will be conducted to ensure compliance. How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? Copy of audits will be reviewed at safety committee meeting for a duration of 3 months. All other deficient practices will be immediately corrected upon occurrence.</p> <p>Date of Compliance: 12/19/2023</p> <p>The facility requests paper compliance for this citation Please accept the following as the facility's plan of correction. 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.</p>	01/11/2024

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	<p>with the Maintenance Director, Administrator and Maintenance Assistant #1 on 12/08/23 between 08:10 a.m. and 09:48 a.m., the generator's annunciator panel was located in first floor nurses station, but the floor was closed and only available for therapy use. Upon interview during observation, the Administrator stated that therapy staff are on the floor during the day till 7pm at the latest. After that, no staff are occupied on the floor and unable to be continuously monitored. Furthermore, the Maintenance Director stated that the nurses station generator annunciator panel is the only panel that the facility has. Both the Maintenance Director and Administrator agreed that the wing would be unoccupied at night and would not be continuously monitored at times.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>		<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Lionheart will relocate the Generator Annunciator to the second floor as recommended by surveyor.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? The deficient practice has the potential to affect all residents, staff and visitors if the generator fails to function in an emergency power outage.</p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur? The Maintenance department was re-educated on the emergency generator annunciator panel readily observed by operating personnel. Nursing staff was educated on completing on-going rounds between 7pm-7am to monitor emergency generator annunciator panel and document on the monitoring log. Staff must contact maintenance director if any concerns arise.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance</p>	

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K 0918 SS=F Bldg. 03	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing</p> <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</p>		<p>program will be put into place? Copy of the emergency generator annunciator panel monitoring log will be reviewed at safety committee meeting in correlation with contract company work order for a duration of 3 months.</p> <p>Date of Completion: 1/11/24</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>03</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2023
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP COD 7935 CALUMET AVE MUNSTER, IN 46321
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	<p>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 the continuing reliability and integrity of 1 of 1 emergency generators. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Administrator and Maintenance Director on 12/07/23 between 09:15 a.m. and 11:51 a.m., the Recommendation (REC) list from 09/26/23 stated the emergency generator recommended fuel system additives for cold weather protection based on the recent fuel analysis sampled on 07/13/23 which had failed its analysis. The recommendation was declared as a "low" urgency. Based on interview at the time of record review, the Maintenance Director stated that the contracted company is scheduled to come out to do the aforementioned repair later in the month and was able to give a repair proposal to the surveyor. The Maintenance Director further agreed that there was an issue with the fuel analysis that required further repairs.</p> <p>The finding was reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>	K 0918	<p>The facility requests paper compliance for this citation</p> <p>Please accept the following as the facility's plan of correction. 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.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The emergency generator recommended fuel system additives for cold weather was completed on 12/19/2023.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>The deficient practice has the potential to affect all Occupants in the event of power outage.</p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</p>	12/19/2023

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			<p>Maintenance was educated on ensuring the continuing reliability and integrity of the emergency generator and following recommended fuel system additives for cold weather protection.</p> <p>Administrator or designee will review service orders monthly to ensure they are completed and all necessary corrections are made.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>A copy of completed repair work order will be reviewed at safety committee meeting to ensure compliance.</p> <p>Date of Completion: 12/19/2023</p>	