

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155776	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2015
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NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E SPRINGHILL DR TERRE HAUTE, IN 47802
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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/02/15</p> <p>Facility Number: 012188 Provider Number: 155776 AIM Number: 200958030</p> <p>At this Life Safety Code survey, Springhill Village was found not in 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), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>The facility was a one story building determined to be of Type V (111) 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. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 99 and</p>	K 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after 12/15/2015.	
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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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K 0018 SS=E Bldg. 01	<p>had a census of 95 at the time of this survey.</p> <p>All areas with customary access to residents were sprinklered. Two detached buildings used for nursing supply storage and maintenance were not sprinklered.</p> <p>Quality Review completed 12/09/15 - DA</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 the corridor doors to 1 of 57 resident rooms closed and latched into the door frame. This deficient practice could affects 10 residents.</p> <p>Findings include:</p> <p>Based on observation on 12/02/15 at 3:18 p.m., the Maintenance Supervisor acknowledged the corridor door entering resident room 103 failed to latch into the door frame.</p>	K 0018	<p>K018 NFPA 101 Life Safety Code StandardIt is the policy of this provider to have doors protecting corridor openingsconstructed to resist the passage of smoke. Doors are provided with positivelatching hardware.</p> <p>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice. The door to room 103 was repaired by the Maintenance Director on 12/15/2015.How will you identify other residents having the potential to be affected bythe same deficient practice and what corrective</p>	12/15/2015

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	3.1-19(b)		<p>action will be taken.Residents that reside at the facility may be affected by the alleged deficientpractice. All doors in the facility were checked to ensure proper closure.Each door opening to the corridor will be checked weekly by the MaintenanceDirector/ Designee to ensure proper closure. What measures will be put into place or what systemic changes you will maketo ensure that the deficient practice does not recur.</p> <p>Maintenance Supervisor will ensure all doors closeproperly, and immediate measures will be taken to correct any door that doesnot meet the standard.</p> <p>All staff have been educated on 12/15/2015 to report anydoor not properly closing to the maintenance supervisor for repair. All staff will be educated upon hire, quarterly and asneeded to ensure compliance.</p> <p>How the corrective action(s) will be monitored toensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place.</p> <p>CQI tool willbe completed by Maintenance Supervisor/ Designee weekly. Executive Directorwill monitor for</p>	

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K 0025 SS=D Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>1. Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 3 of 5 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 18.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect five of six</p>	K 0025	<p>compliance and report to the Quality Assurance/Safety Committee.</p> <p>K025 NFPA 101 Life Safety Code StandardIt is the policy of this facility to ensure that penetrations caused by the passage of wire and/or conduit through smoke barrier walls are protected to maintain the smoke resistance of each smoke barrier.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. 1. A. The broken dry wall in the 400 hall attic was repaired on 12/14/2015 and the broken dry wall pieces were removed. B. The four unsealed penetrations in the west center smoke barrier were repaired on 12/14/2015 C. The 200 hall smoke barrier</p>	12/15/2015	

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	<p>smoke compartments.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 12/02/15 from 3:45 p.m. to 4:15 p.m., the following was noted:</p> <p>a) in the attic at the 400 hall smoke barrier wall the drywall was broken into several pieces and a section of drywall that had broken loose and propped against the wall.</p> <p>b) in the attic at the west center smoke barrier wall there were four unsealed penetrations measuring from two inches to 3 inches</p> <p>c) in the attic at the 200 hall smoke barrier wall there were two penetrations sealed with yellow expandable foam</p> <p>Based on an interview at the time of observations, the Maintenance Supervisor confirmed all unsealed penetrations.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide a one hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect 2 residents in resident room</p>		<p>wall with yellow expandable foam wascorrected, and sealed on 12/14/2014.</p> <p>2.</p> <p>A. The two inch unsealed penetration inthe east boiler room ceiling was repaired on 12/14/2015</p> <p>B. The one-half unsealed penetration alongside the sprinkler head in room108 was repaired on 12/14/2015.</p> <p>How will you identify other residents having the potential to be affected bythe same deficient practice and what corrective action will be taken.Residents that reside at the facility may be affected by the allegeddeficient practice. The Maintenance Supervisor was educated on 12/14/2015 on unsealed penetrations,and the proper application of fire caulk. The Maintenance Supervisor inspected the entire facility to ensure no unsealedpartitions existed. What measures will be put into place or what systemic changes you will maketo ensure that the deficient practice does not recur.</p> <p>All staff have been educated on 12/15/2015 onreporting unsealed penetrations to the Maintenance Director for repair. The Maintenance Supervisor will monitor for unsealedpenetrations during daily facility rounds and reseal as necessary. All staff will be educated upon</p>				

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	<p>308.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 12/02/15 from 1:20 p.m. to 1:45 p.m., the east boiler room ceiling had a two inch unsealed penetration and there was a one half inch unsealed penetration alongside the sprinkler head in resident room 108. The unsealed penetrations were acknowledged by the Maintenance Supervisor at the time of observations.</p> <p>3.1-19(b)</p>		<p>hire, quarterly andas needed.</p> <p>How the corrective action(s) will be monitored toensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place.</p> <p>CQI tool willbe completed by Maintenance Supervisor/ Designee weekly weeks, and. ExecutiveDirector will monitor for compliance and report to the Quality Assurance/SafetyCommittee.</p> <p>K056 NFPA 101 Life Safety Code StandardIt is the policy of this facility to ensure that a complete automatic sprinklersystem is provided.</p> <p>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice. 1 A. P.I.PE. INC. was at the facilityto measure for the required sprinkler heads for 100, 200, 200, 400 hallbuilding overhangs and the west side bathroom soiled linen closet on12/9/2015. The supplies have been ordered and the workwill be completed as soon as the supplies are received.</p>		

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			<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. Residents that reside at the facility may be affected by the alleged deficient practice. All sprinkler heads cited will be replaced no later than 12/30/2015. The entire building was inspected to ensure no other required sprinkler heads were missing. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>The required sprinkler heads will be installed by P.I.P.E INC. no later than 12/30/2015. All new construction, etc will have the appropriate sprinkler heads installed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>All over hangs measuring greater than 48 inches will have sprinkler heads installed, all required closet spaces will have a sprinkler installed. The Maintenance Director will ensure any new over</p>	

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K 0056 SS=E Bldg. 01	<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.</p> <p>Based on observation and interview, the facility failed to ensure that a complete automatic sprinkler system was provided for 4 of 4 building overhangs and 1 of 1 west bathroom soiled linen rooms in accordance with NFPA 13, Standard for Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13-1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft. in width. This deficient practice could affect any resident evacuated through the main entrance in the event of an emergency.</p>	K 0056	<p>hangs, construction, etc have sprinkler heads installed as required.</p> <p>K056 NFPA 101 Life Safety Code StandardIt is the policy of this facility to ensure that a complete automatic sprinklersystem is provided.</p> <p>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice. A. P.I.PE. INC. was at the facilityto measure for the required sprinkler heads for 100, 200, 200, 400 hallbuilding overhangs and the west side bathroom soiled linen closet on12/9/2015. The supplies have been ordered and the workwill be completed as soon as the supplies are received.</p>	12/15/2015

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	<p>Findings include:</p> <p>a. Based on observation with the Executive Director and the Maintenance Supervisor on 12/02/15 from 1:45 p.m. to 3:10 p.m., the following overhangs, consisting of wood frame construction, lacked sprinkler coverage:</p> <ol style="list-style-type: none"> 1) the 400 hall overhang extended sixty inches from the building 2) the east 300 hall overhang extended fifty five inches from the building 3) the 200 hall overhang extended fifty seven inches from the building 4) the 100 hall overhang extended over forty eight inches from the building. <p>At the time of observation, the Maintenance Supervisor acknowledged the aforementioned overhangs lacked sprinkler coverage and he provided and confirmed each measurement.</p> <p>b. Based on observation and interview on 12/02/15 at 2:47 p.m., the Maintenance Supervisor acknowledged the west side bathroom soiled linen closet lacked sprinkler coverage.</p> <p>3.1-19(b)</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. Residents that reside at the facility may be affected by the alleged deficient practice. All sprinkler heads cited will be replaced no later than 12/30/2015. The entire building was inspected to ensure no other required sprinkler heads were missing. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>The required sprinkler heads will be installed by P.I.P.E INC. no later than 12/30/2015. All new construction, etc will have the appropriate sprinkler heads installed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>All overhangs measuring greater than 48 inches will have sprinkler heads installed, all required closet spaces will have a sprinkler installed. The Maintenance Director will ensure any new over</p>	

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			<p>hangs, construction, etc have sprinkler heads installed as required.</p> <p>K062 NFPA 101 Life Safety Code StandardIt is the policy of this facility that requires sprinkler systems arecontinuously maintained in reliable operating condition and are inspected andtested periodically.</p> <p>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice.</p> <p>The following sprinkler heads will be replaced byP.I.P.E INC no later than 12/30/2015.</p> <ol style="list-style-type: none"> 1.(1) Kitchen dish room 2.(1) Walk in cooler 3.(4) Service hallway 4.(2) Laundry room washer area 5.(1) Laundry room clean linen area 6.(2) Water heater room behind the dryer 7.(1) Water heater room in central supply <p>How will you identify other residents having the potential to be affected bythe same deficient practice and what corrective action will be taken. Residents that reside at the facility may be affected by the allegeddeficient practice.</p>		

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K 0062	NFPA 101		<p>Allstaff has been educated to report any corroded sprinkler heads to themaintenance supervisor.</p> <p>Allsprinkler heads in the facility were inspected by the Maintenance Supervisor toensure no corrosion present.</p> <p>What measures will be put into place or what systemic changes you will maketo ensure that the deficient practice does not recur.</p> <p>The maintenance supervisor will visualize allsprinkler heads monthly to ensure no corrosion is present.</p> <p>All staff will be educated upon hire, quarterly andas needed.</p> <p>How the corrective action(s) will be monitored toensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place.</p> <p>CQI tool willbe completed by Maintenance Supervisor/ Designee monthly. Executive Director will monitor forcompliance and report to the Quality Assurance/Safety Committee.</p>	

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SS=D Bldg. 01	<p>LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to replace the corroded sprinkler head in 1 of 1 kitchen dish rooms. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice was not in a resident care area but could affect kitchen staff.</p> <p>Findings include:</p> <p>Based on observation on 12/02/15 from 1:50 p.m. to 2:43 p.m., the Maintenance Supervisor acknowledged the following sprinkler heads were corroded:</p> <ul style="list-style-type: none"> a) the sprinkler head in the walk in cooler b) 4 of 4 sprinkler heads in the service corridor c) 2 of 2 in the laundry room washer area d) 1 of 1 in the laundry room clean linen area e) 2 of 2 in the water heater room behind 	K 0062	<p>K062 NFPA 101 Life Safety Code StandardIt is the policy of this facility that requires sprinkler systems arecontinuously maintained in reliable operating condition and are inspected andtested periodically.</p> <p>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice.</p> <p>The following sprinkler heads will be replaced byP.I.P.E INC no later than 12/30/2015.</p> <ul style="list-style-type: none"> 1.(1) Kitchen dish room 2.(1) Walk in cooler 3.(4) Service hallway 4.(2) Laundry room washer area 5.(1) Laundry room clean linen area 6.(2) Water heater room behind the dryer 7.(1) Water heater room in central supply <p>How will you identify other residents having the potential to be affected bythe same deficient practice and what corrective action will be taken. Residents that reside at the facility may be affected by the</p>	12/15/2015	

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	<p>the dryers</p> <p>f) 1 of 1 in the water heater room in central supply</p> <p>3.1-19(b)</p>		<p>allegeddeficient practice.</p> <p>Allstaff has been educated to report any corroded sprinkler heads to themaintenance supervisor.</p> <p>Allsprinkler heads in the facility were inspected by the Maintenance Supervisor toensure no corrosion present.</p> <p>What measures will be put into place or what systemic changes you will maketo ensure that the deficient practice does not recur.</p> <p>The maintenance supervisor will visualize allsprinkler heads monthly to ensure no corrosion is present.</p> <p>All staff will be educated upon hire, quarterly andas needed.</p> <p>How the corrective action(s) will be monitored toensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place.</p> <p>CQI tool willbe completed by Maintenance Supervisor/ Designee monthly. Executive Director will monitor forcompliance and report to the Quality Assurance/Safety Committee.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155776		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/02/2015	
NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E SPRINGHILL DR TERRE HAUTE, IN 47802			
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K 0064 SS=D Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 Based on observation and interview, the facility failed to ensure 1 of 1 Beauty Salon portable fire extinguishers was securely on a hanger, bracket or in a cabinet. NFPA 10, Section 1-6.7 requires portable fire extinguishers other than wheeled types shall be securely installed on the hanger or in the bracket supplied or placed in cabinets or wall recesses. The hanger or bracket shall be securely and properly anchored to the mounting surface in accordance with the manufacturer's instructions. This deficient practice could affect 2 residents in the Beauty Salon.</p> <p>Findings include:</p> <p>Based on observation and interview on 12/02/15 at 2:20 p.m., the Maintenance Supervisor acknowledged the Beauty Salon fire extinguisher was sitting on the desk.</p> <p>3.1-19(b)</p>	K 0064	<p>K064 NFPA 101 Life Safety Code StandardIt is the policy of this facility that portable fire extinguishers are providedin all healthcare occupancies.</p> <p>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice.</p> <p>The fire extinguisher was mounted to the wall on12/2/2015. The beautician was educated on 12/15/2015 that thefire extinguisher must be mounted to the wall.</p> <p>How will you identify other residents having the potential to be affected bythe same deficient practice and what corrective action will be taken.</p> <p>Residents that reside at the facility may be affected by the allegeddeficient practice. Allstaff have been educated that all fire extinguishers must be securely mountedto the wall, or placed in cabinets or wall recesses. TheMaintenance Supervisor will check fire extinguishers during his daily rounds toensure they are mounted to the walls</p>	12/15/2015			

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K 0147 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 1. Based on observation and interview, the fac to ensure 6 of 6 Activity room electrical junctio	K 0147	<p>What measures will be put into place or what systemic changes you will maketo ensure that the deficient practice does not recur.</p> <p>All fire extinguishers will be securely mounted tothe wall or placed in cabinets or wall recesses.</p> <p>Staffwill be educated upon hire, quarterly and as needed.</p> <p>How the corrective action(s) will be monitored toensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place.</p> <p>CQI tool willbe completed by Maintenance Supervisor/ Designee weekly. Executive Directorwill monitor for compliance and report to the Quality Assurance/Safety Committee.</p>	12/15/2015

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	<p>confined electrical wires in the junction box with NFPA 70, National Electrical Code, 1999 Edition 370-28(c) requires exposed electrical wires be covered within a junction box with a cover compatible with the box. This deficient practice was not in a residence but could affect 1 or possibly 2 staff.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and the Maintenance Supervisor on 12/02/15 at 12:45 p.m., six junction boxes lacked covers in the Activity room. Based on an interview with the Maintenance Supervisor at the time of observation, an electrician was in the process of moving the junction boxes but had not installed the covers.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords such as extension cords was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any number of residents and facility staff.</p>		<p>in accordance with NFPA 70, National Electric Code 9.1.2</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>1. All electrical junction boxes in the Activity Room were covered on 12/2/2015. The Maintenance Supervisor inspected the entire building to ensure there were no other uncovered junction boxes.</p> <p>2. The extension cord was removed from the room on 12/2/2015. The maintenance supervisor inspected the entire building to ensure no other extension cords were in use.</p> <p>1. The three way adapter was removed from the east soiled linen room on 12/2/2015.</p> <p>2. The power strips in the Executive Director's office were "un-piggybacked." on 12/2/2015. The Maintenance Supervisor inspected the entire building to ensure no other "piggy backed" power strips were in use.</p> <p>3. The power strip was removed from room 108 and the refrigerator was plugged into the wall outlet on 12/2/2015. The Maintenance Supervisor inspected the entire building to ensure all refrigerators were plugged in directly to the wall outlet.</p> <p>4. The three way adapter was removed from the Therapy Gym</p>	

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	<p>Findings include:</p> <p>Based on observation and interview with the Executive Director and the Maintenance Supervisor on 12/02/15 from 1:30 p.m. to 2:30 p.m., they acknowledged the following:</p> <p>a) a three way adapter was plugged in and supplying power to a refrigerator and a charger in the east soiled linen room</p> <p>b) a power strip was plugged in and supplying power to another power strip in the Executive Director's office</p> <p>c) a power strip was plugged in and supplying power to a refrigerator and an oxygen concentrator in resident room 108</p> <p>d) a three way adapter was plugged in and supplying power to a refrigerator and a microwave in the therapy store room</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview, the facility failed to ensure the receptacles in 2 of 2 medication rooms were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subjected to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area,</p>		<p>on 12/2/2015.</p> <p>1.GFCI circuits were installed in both med rooms on 12/11/2015. How will you identify other residents having the potential to be affected bythe same deficient practice and what corrective action will be taken. Residents that reside at the facility may be affected by the allegeddeficient practice.</p> <p>1.The electrician was educated on replacing electrical junction boxes prior to ending work at the end of each day. All staff was educated that all electrical junction boxes must be covered.</p> <p>2. All staff have been educated on the non-use of extension cords and to report any extension cord usage to the maintenance supervisor immediately. The Customer Care Representatives will check their assigned rooms daily to ensure no extension cords are in use.</p> <p>1.All staff wereeducated that refrigerators may not be plugged into three way power adapters,and must be plugged into the wall. Customer Care Representatives will check their assigned rooms daily toensure no refrigerators are plugged into three way adapters.</p> <p>2.All staff were educatedthat power strips may not be "piggy backed".</p> <p>1.The Maintenance Supervisor will ensure that all appropriate GFCI circuits are in place. What measures will be put into</p>				

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	<p>either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect facility staff.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 12/02/15 from 1:25 p.m. to 3:05 p.m., both the east and west medication rooms had an electrical receptacle on the wall within two feet of the hand sink. When tested with a GFCI testing device, the Maintenance Supervisor confirmed neither receptacle was provided with GFCI protection.</p> <p>3.1-19(b)</p>		<p>place or what systemic changes you will maketo ensure that the deficient practice does not recur.</p> <p>The Maintenance Supervisor/Designee will conductrounds daily to ensure compliance. Staff will be educated upon hire, quarterly and asneeded.</p> <p>How the corrective action(s) will be monitored toensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place.</p> <p>CQI tool willbe completed by Maintenance Supervisor/ Designee weekly. Executive Directorwill monitor for compliance and report to the Quality Assurance/Safety Committee.</p>		