

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155764	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/23/2023
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NAME OF PROVIDER OR SUPPLIER  SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 101 W 87TH AVE MERRILLVILLE, IN 46410
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K 0000  Bldg. 02	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/24/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 10/23/23</p> <p>Facility Number: 010739 Provider Number: 155674 AIM Number: 200856890</p> <p>At this Life Safety Code PSR, Spring Mill Health Campus was found in substantial 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>Spring Mill Health Campus is a two-story skilled nursing facility of Type II (111) construction built in 2007 that is attached to a two-story assisted living building of Type V (111) construction that was built in 1998. The skilled nursing facility is separated from the assisted living building by a 2-hour rated fire wall. The skilled nursing building is fully sprinklered and has supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The facility is protected by a 150-kW diesel generator.</p> <p>The facility has a capacity of 64. All 64 beds are certified for Medicare and 10 (21) beds are dually certified for Medicaid. At the time of the survey, the census was 44.</p>	K 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Lakeithia Webb	TITLE  Executive Director	(X6) DATE  10/30/2023
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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 0918 SS=C Bldg. 02	<p>Quality Review completed on 10/24/23</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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,</p>			
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	<p><b>NFPA 111, 700.10 (NFPA 70)</b> Based on record review and interview, the facility failed to exercise the generator for 12 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of generator load testing documentation with the Executive Director and Maintenance Director from 11:41 a.m. to 11:50 a.m. on 10/23/23, the load information to show the actual load percentage for the diesel powered generator was not documented. Based on interview at the time of record review, the Maintenance Director stated that the generator should run a full load every month, but did not record the percentage on the newly created sheet.</p>	K 0918	<p>K918 NFPA 101 Electrical Systems- Essential Electric System ζ The facility requests paper compliance for this citation. ζ This Plan of Correction is the center's credible allegation of compliance. ζ Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.ζ The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. ζ 1)Immediate actions taken for those residents identified: ζ ζ ζ ζ ζ ζ ζ ζ ζ ζ The Generator Load Bank Test checklist form was updated to include load percentage for the diesel-powered generator. ζ 2) How the facility identified other residents: ζ ζ ζ ζ ζ ζ ζ ζ ζ ζ Staff, and residents that reside at the facility have the potential to be affected by the alleged deficient practice. ζ 3) Measures put into place/ System changes: ζ ζ ζ ζ ζ ζ ζ ζ ζ ζ The Maintenance Director or Designee will complete Generator inspections weekly and document the load percentage. The Maintenance Director was re-educated on the proper way to document the load percentage by</p>	10/24/2023
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	This finding was reviewed with the Executive Director, VP of Regional Operations and Maintenance Director at the exit conference. This deficiency was cited on 08/24/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.		the Administrator on 10/24/23. ¿ ¿ 4)How the corrective actions will be monitored: ¿ ·¿¿¿¿¿¿¿¿¿¿The Administrator will review the Preventative Maintenance worksheets weekly. ¿ ·¿¿¿¿¿¿¿¿¿¿The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved.¿ The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. ¿ 5)Date of compliance:¿ 10/24/23	